

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -7 AM 8:00

DOCUMENT # N00000003406

1. Corporation Name

None Shall Lack outreach
ministries of Orlando, Inc.

2. Principal Office Address

925 ferndell Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 585483

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32808

Country

US

Zip

32858

Country

US

REINSTATEMENT

03

400023609374

10/07/03--01015--003 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/2000

5. FEI Number

59-3652811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth Turner

Street Address (P.O. Box Number is Not Acceptable)

925 ferndell Rd.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32808

MRD

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth Turner

Date

10/03/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | Kenneth Turner | 925 ferndell Rd. | Orlando, Fl. 32808 |
| VP | James Turner | 4210 Brittany Rd. | Orlando, Fl. 32808 |
| S | Shawanda Turner | 4210 Brittany Rd. | Orlando, Fl. 32808 |
| T | monty williams | 808 W. South St. | Orlando, Fl. 32805 |
| M | Samantha Turner | 925 ferndell Rd. | Orlando, Fl. 32808 |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kenneth Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/03

Date

407-523-8049

Daytime Phone #

CR2E081 (10/02)