

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 MAR -2 AM 11:34

SECRETARY OF STATE
ALI AHASSEE, FLORIDA

DOCUMENT # N0000000 3597

1. Corporation Name

SECOND TOUCH MINISTRIES, INC.

2. Principal Office Address - No P.O. Box #

46 ACE HIGH STABLES RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL.

City & State

Zip

32327

Country

WAKULLA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3650007

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

ALLAN E. McFADDEN, JR.

Street Address (P.O. Box Number is not acceptable)

46 ACE HIGH STABLES RD.

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State
FL

Zip Code

32327

300310011723

03/02/18--01006--010 **297.50

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

ALLAN E. McFADDEN, JR.
REGISTERED AGENT MUST SIGN

Date 3/2/2018

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
DIRECTOR	PRESTON CARTER	46 ACE HIGH STABLES RD.	CRAWFORDVILLE FL. 32327
"	HENRY MILLER	"	"
"	MATTIE JOHNSON	"	"
V-PRES.	RAYMOND JOHNSON	"	"

10. E-mail Address: HEMJRK44@YAHOO.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

ALLAN E. McFADDEN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/2018

Daytime Phone #