

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

01-02 UBR

02 MAR -8 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # W00000004297

1. Corporation Name

RESTORATION N.O.W. MINISTRY, INC.

2. Principal Office Address

5503 HARBOR DRIVE

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33809

Country

USA

3. Mailing Office Address

5503 HARBOR DRIVE

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/2000

5. FEI Number

☒ 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

JEANNETTE J. NEALY

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

5503 HARBOR DRIVE

LS

Suite, Apt. #, Etc.

City

LAKELAND,

State

FL

Zip Code

33809

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

Jeannette J. Nealy

Date 3-7-02

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
PRES/D	JEANNETTE J. NEALY	5503 HARBOR DRIVE	LAKELAND, FL 33809
VP/D	ALEXANDER J. NEALY	5503 HARBOR DRIVE	LAKELAND, FL 33809
AVP/D	LUEASE HENRY	3345 SOUTH AVENUE	BARTOW, FL 33830

600005073056

03/08/02 01020 006

****175.00 ****131.25

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:

Jeannette J. Nealy Jeannette J. Nealy

3/7/02

(863) 815-1205

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)