

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 DEC -8 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000 000004833

1. Corporation Name *Telim International Ministries, Inc.*

2. Principal Office Address *3491 TORRINGTON WAY*
Suite, Apt. #, etc.

3. Mailing Office Address *P.O. Box 7152*
Suite, Apt. #, etc.

City & State *Tallahassee, FL*
Zip *32317* Country *LEON*

City & State *Tallahassee, FL* Zip *32314* Country *LEON*

REINSTATEMENT *12-04*

4. Date Incorporated or Qualified
To Do Business in Florida *07/19/2000*

5. FEI Number *52-2277841*
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 *Smith Zellene W. Rev.*
Street Address (P.O. Box Number is Not Acceptable) *3491 TORRINGTON WAY*
Suite, Apt. #, Etc. *Tallahassee*
City *Tallahassee*

400043274704
*12/08/04--01048--004 **192.50*

State *FL* Zip Code *32317*

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 *Zellene Williams Smith*
REGISTERED AGENT MUST SIGN

Date *12-07-2004*

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
<i>DP</i>	<i>Smith Zellene W, Rev.</i>	<i>P.O. Box 7152</i>	<i>Tallahassee, FL 32314</i>
<i>D</i>	<i>Smith, Sterling B.</i>	<i>P.O. Box 7152</i>	<i>Tallahassee, FL 32314</i>
<i>D</i>	<i>Smith, Dewey III</i>	<i>P.O. Box 7152</i>	<i>Tallahassee, FL 32314</i>
<i>D</i>	<i>Goy, Samuel</i>	<i>P.O. Box 7152</i>	<i>Tallahassee, FL 32314</i>
<i>D</i>	<i>Gibson, Vernice Y Rev.</i>	<i>P.O. Box 7152</i>	<i>Tallahassee, FL 32314</i>
<i>SH</i>	<i>Smith, Pamela Jones</i>	<i>P.O. Box 7152</i>	<i>Tallahassee, FL 32314</i>

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: *Rev. Zellene W. Smith* *Zellene W. Smith* 12/7/03 850.878.1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2081 (01/04)