

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 27 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005602

1. Corporation Name
MINISTRY OF PRESENCE, INC.

~~006-26968~~

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address
P.O. BOX 784
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 784
Suite, Apt. #, etc.

City & State
ONECO, FL
Zip Country
34264-0784 USA

City & State
ONECO, FL
Zip Country
34264-0784 USA

4. Date Incorporated or Qualified To Do Business in Florida
8-21-2000

5. FEI Number
65-1065786
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
MARGARET DELEGATO
Street Address (P.O. Box Number is Not Acceptable)
2913 PARK LAKE DRIVE
Suite, Apt. #, Etc.

City
BRADENTON State FL Zip Code 34209

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 Margaret Delegato REGISTERED AGENT MUST SIGN
Date 6-5-06

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
<u>P</u>	<u>PRESIDENT DONALD ROGER JR</u>	<u>1706 NE 2ND AVE.</u>	<u>CAPE CORAL, FL 33928</u>
<u>V</u>	<u>V-P CATHERINE JOYCE</u>	<u>5827 FISHERMAN'S DR</u>	<u>BRADENTON, FL 34209</u>
<u>T</u>	<u>TREAS MARGARET DELEGATO</u>	<u>2913 PARK LAKE DR</u>	<u>BRADENTON, FL 34209</u>
<u>S</u>	<u>SEC LINDA DENIS</u>	<u>111 15TH AVE CIR. W</u>	<u>BRADENTON, FL 34205</u>
<u>D</u>	<u>BARBARA McNALLY</u>	<u>3413 57TH AVE W</u>	<u>BRADENTON, FL 34210</u>
<u>D</u>	<u>BRENDA LEMUS</u>	<u>306 11TH AVE EAST</u>	<u>BRADENTON, FL 34201</u>

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 contained in Chapter 119, 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: Margaret Delegato MARGARET DELEGATO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 6-5-06 (941) 792-9664
Daytime Phone #

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DIRECTORS AND OFFICERS CONT.

D	Margaret Morrison	7607 Queens Way	Ellenton, FL 34222
D	Sheila Suarez	4709 12 th St. Ct. E.	Bradenton, FL 34203
D	Sue Fowler	635 Palmetto Pt Drive	Palmetto, FL 34221