

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # N00000006157

1. Corporation Name

EAGLE WINGS INTERNATIONAL MINISTRIES, INC.

2nd  
UBR

Principal Place of Business

Mailing Address

PO BOX 1327

PO BOX 1327

FT LAUDERDALE, FL 33311

FT LAUDERDALE FL 33311



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1036923

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| D             | BOSKET, BARBARA                           | 742 NW 3RD AVE   | FT LAUDERDALE FL 33311  |
| D             | BOSKET, NATHAN                            | 742 NW 3RD AVE   | FT LAUDERDALE FL 33311  |
| D             | KELLOM, SARAH                             | 6520 SW 62 CT  | S MIAMI FL 33143  |
| D             | Williams, Daelene                         | 11432 Lake View Drive                                  | Coral Spring, FL 33071  |
|               |   |  | 400004719624--7<br>-12/12/01--01004--015<br>*****61.25 *****61.25 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOSKET, BARBARA  
742 N.W. 3RD AVE  
FT LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Barbara Bosket

REGISTERED AGENT MUST SIGN

Date

11/26/01

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., 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:

Barbara Bosket

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/01

Daytime Phone #

EAGLE WINGS INTERNATIONAL MINISTRIES, INC.

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11/24/01

TO THE FLORIDA DEPARTMENT OF STATE

FROM: BARBARA BOSKET, EAGLE WINGS INTL. MINISTRIES INC.

WE REQUEST REINSTATEMENT AND WAIVER ~~BECAUSE~~ EAGLE WINGS  
DID NOT RECEIVE UNIFORM BUSINESS REPORT.

*Barbara Bosket*  
BARBARA BOSKET, EAGLE WING INTL. MIN. INC.