

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 MAY 13 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006239

1. Corporation Name

TAKE THE MASK OFF MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

4421 NW 16TH PLACE  
GAINESVILLE FL 32505

4421 NW 16TH PLACE  
GAINESVILLE FL 32505

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

2. New Principal Office Address, If Applicable

4229 NW 43rd ST L-89

Suite, Apt. #, etc.

Gainesville, FL 32606

City & State

Gainesville, FL

Zip

32606

Country

Alachua

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2000

5. FEI Number

59-366-9572

Applied For

Not Applicable

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PD		MINGO, LURETHA		4421 NW 16TH PLACE 43rd ST L-89		GAINESVILLE FL 32505 32606
VD		MINGO, HORACE L SR		4421 NW 16TH PLACE 43rd ST L-89		GAINESVILLE FL 32505 32606
SD		SELLERS, CHERNITRA		4455 SW 34TH ST, APT M68		GAINESVILLE FL 32608
TD		LESTER, ARMENTHIS		4455 SW 34TH ST, APT M68		GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

MINGO, LURETHA  
4421 NW 16TH PLACE  
GAINESVILLE FL 32505

9. Name and Address of New Registered Agent

Name

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

4229 NW 43rd ST L-89

Suite, Apt. #, Etc.

L-89

City

Gainesville

State

FL

Zip Code

32606

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

5/8/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
5/8/02

Date

Daytime Phone #

352  
379-7785

CR2E040 (8/01)

May 8, 2002

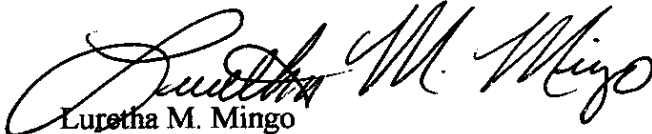
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

As per our conversation concerning the *Uniform Business Report/Application for Reinstatement Document #N00000006239 for Take The Mask Off Ministries, Incorporated*. I never received the rejection letter dated May 31, 2001, asking for changes.

I have enclosed the updated form reflecting the necessary changes. If you need further assistance or additional information, please do not hesitate to contact me at (352) 375-9918.

Sincerely,

A handwritten signature in cursive script, appearing to read "Luretha M. Mingo".

Luretha M. Mingo  
Executive Administrator

LMM/seg