

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 9:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000006641**

1. Corporation Name
HORACE L. MINGO MINISTRIES, INCORPORATED

Principal Place of Business Mailing Address
~~4421 NW 16TH PLACE~~ ~~4421 NW 16TH PLACE~~
~~GAINESVILLE FL 32605~~ ~~GAINESVILLE FL 32605~~



100005598701--9
 -05/23/02--01007--017

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	
Suite, Apt. #, etc. 4229 NW 43rd ST APT L-89		Suite, Apt. #, etc.		****70.00 ****70.00 10/05/2000	
City & State Gainesville, Fla		City & State		5. FEI Number 59-3669570	
Zip 32606		Country Alachua		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PO	MINGO, HORACE L	4421 NW 16TH PLACE 4229 NW 43rd ST L-89	GAINESVILLE FL 32605 32606
VO	MINGO, LURETHA SR	4421 NW 16TH PLACE 4229 NW 43rd ST L-89	GAINESVILLE FL 32605 32606
DS	SELLERS, CHERNITRA	4455 SW 34TH STREET APT M68	GAINESVILLE FL 32608
DT	LESTER, ARMENTHIS	4455 SW 34TH STREET APT M68	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MINGO, HORACE L 4421 NW 16TH PLACE GAINESVILLE FL 32605		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) 4229 NW 43rd ST APT L-89	
		Suite, Apt. #, Etc. APT L-89	
		City Gainesville	State Zip Code FL 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]* Date: **5/8/02**
 REGISTERED AGENT SIGN

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]* Date: **5/8/02** Daytime Phone #: **352 379-7785**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)

May 8, 2002

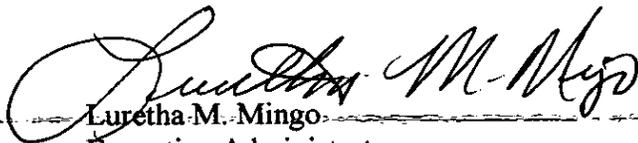
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

As per our conversation concerning the *Uniform Business Report/Application for Reinstatement Document #N00000006641 for Horace L. Mingo Ministries, Incorporated*. I never received the rejection letter dated June 26, 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