

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~~  
~~GAINESVILLE FL 32605~~

~~4421 NW 16TH PLACE~~  
~~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

10/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PO	MINGO, HORACE L	<del>4421 NW 16TH PLACE</del> 4229 NW 43rd ST L-89	GAINESVILLE FL 32605-32606
VO	MINGO, LURETHA SR	<del>4421 NW 16TH PLACE</del> 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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/02 352  
379-7785

CR2040 (8/01)

May 8, 2002

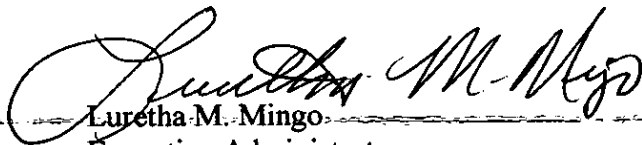
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

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