

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000006916

1. Corporation Name

REVIVAL & RESTORATION MINISTRIES, INC.

Principal Place of Business

1052 MONTGOMERY ROAD STE 151
ALTAMONTE SPRINGS FL 32714

Mailing Address

1052 MONTGOMERY ROAD STE 151
ALTAMONTE SPRINGS FL 32714

FILED

02 APR -1 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

10/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROGERS, STEPHEN	1052 MONTGOMERY ROAD STE 151	ALTAMONTE SPRINGS FL 32714
D	CUPELES, YVETTE	1052 MONTGOMERY ROAD STE 151	ALTAMONTE SPRINGS FL 32714
D	CUPELES, EVELYN	1052 MONTGOMERY ROAD STE 151	ALTAMONTE SPRINGS FL 32714
P	STEPHEN ROGERS	1052 MONTGOMERY ROAD STE 151	ALTAMONTE SPRINGS FL 32714
T	YVETTE CUPELES	1052 MONTGOMERY ROAD STE 151	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

ROGERS, STEPHEN
1052 MONTGOMERY ROAD STE 151
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name STEPHEN ROGERS
Street Address (P.O. Box Number is Not Acceptable)
2030 CROWLEY CTR W, LONGWOOD
Suite, Apt. #, Etc.
City LONGWOOD State FL Zip Code 32779

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

STEPHEN ROGERS

REGISTERED AGENT MUST SIGN

Date

500005283975--9
-04/17/02--01088--007
****297.50 ****297.50
Feb 2/2002

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:

Yvette Cupeles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2/2002

Date

Daytime Phone #

407 8069202