

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N00000007707**

1. Corporation Name

REFUGE HOUSE OF GOD OUTREACH MINISTRY, INC.

Principal Place of Business

Mailing Address

520 MARTIN LUTHER KING AVENUE
MONTICELLO FL 32344

520 MARTIN LUTHER KING AVENUE
MONTICELLO FL 32344

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

59-3680335

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$6.75 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
PD	BRADLEY, LINDA L	RTE. 1, BOX 109	MONTICELLO FL 32344
SD	WHITE, LASHARA	490 HILL STREET	MONTICELLO FL 32344
TD	ROBINSON, ADNNU	1482 THOMPSON VALLEY RD	LAMONT FL 32366

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, LUE JEAN
490 HILL STREET
MONTICELLO FL 32344

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. or 617.0505, F.S.

Signature of
Registered Agent

Lue Jean Johnson
REGISTERED AGENT MUST SIGN

Date

Oct. 12, 03

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:

Lue Jean Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 12, 03 850-9921363
Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:34

REINSTATEMENT 03-04



600023791826
10/14/03--01059--006 **61.25

600023791826
02/24/04--01029--017 **175.00

600023791826
03/12/04--01015--017 **61.25

CR2ED40 (7/03)