

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008504

1. Corporation Name

MINISTRY FELLOWSHIP UNITED, INC.

Principal Place of Business

210 S INDIAN RIVER DR
FT PIERCE FL 34950

Mailing Address

210 S INDIAN RIVER DR
FT PIERCE FL 34950

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

2. New Principal Office Address, If Applicable

2635 CHEROKEE AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 511

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34946

Country

USA

City & State

FORT PIERCE, FL

Zip

34954

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

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
P/D	REV. WILLIE KITT	2635 CHEROKEE AVE	FORT PIERCE, FL 34946
V/D	REV. JAMES BROWN	3215 AVENUE Q	FORT PIERCE, FL 34947
V/D	REV. TODD SMITH	600 ATLANTIC AVENUE	FORT PIERCE, FL 34950
S/D	DR. DAVID THOMPSON	1815 SOUTH 33 RD STREET	FORT PIERCE, FL 34947
T/D	PASTOR BEVERLY HINTON	1301 NORTH 21 ST STREET	FORT PIERCE, FL 34950

8. Name and Address of Current Registered Agent

YATES, E. CLAYTON
205 S SECOND ST
FT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name REV WILLIE KITT
Street Address (P.O. Box Number is Not Acceptable)
2635 CHEROKEE AVENUE
Suite, Apt. #, Etc.
City FORT PIERCE State FL Zip Code 34946

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

Rev. Willie Kitt
REGISTERED AGENT MUST SIGN

900004706729--4
-12/05/01--01081--002
*****70.00 *****70.00
Date 11-07-01

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:

Rev. Willie Kitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-07-01 (561) 460-2579

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) MINISTRY FELLOWSHIP UNITED, INC	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name REV WILLIE S. KITT
4a Mailing address (street address) (room, apt., or suite no.) 2635 CHEROKEE AVE	5a Business address (if different from address on lines 4a and 4b) P.O. BOX 511
4b City, state, and ZIP code FORT PIERCE, FL 34946	5b City, state, and ZIP code FORT PIERCE, FL 34954
6 County and state where principal business is located ST. LUCIE, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor (SSN or ITIN may be required (see instructions)) REV WILLIE S. KITT 267-54-3693	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> State/local government	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ CHARITABLE	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶ **MINISTERIAL FELLOWSHIP FOR MINISTERS**

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ▶

☐ Created a trust (specify type) ▶

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
12-18-2000

11 Closing month of accounting year (see instructions)
JANUARY 31ST

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail) ☒ Other (specify) **GENERAL PUBLIC** ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(561) 460-2579

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **REV WILLIE S. KITT, PRESIDENT**Signature ▶ **Rev Willie S Kitt**Date ▶ **11-02-01**