

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -9 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-00000008504

1. Corporation Name

Ministry Fellowship United, INC

2. Principal Office Address

3215 AV Q
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4601
Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

FL 34950

Zip

34947

Country

US

Zip

34950

Country

US

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. Name and Address of Current Registered Agent

Name

James H. Brown

President

Street Address (P.O. Box Number is Not Acceptable)

3215 AV Q

Suite, Apt. #, Etc.

300018680553

05/09/03--01074--028 **297.50

City

Fort Pierce

State

FL

Zip Code

34947

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James H. Brown

Date 2/5/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	James H. Brown	3215 AV Q	Fort Pierce, FL 34947
Sec.	Jeff L. Owens	5806 Hickory Drive	Ft. Pierce, FL 34982
V.P.	MARK CARRARA	2250 SE WALTON RD	PORT ST. LUCIE, FL 34952
V.P.	TODD SMITH	600 ATLANTIC AVE.	FT. PIERCE, FL. 34950

10. 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:

James H. Brown James H. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

772-465-4646

Daytime Phone #