

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700008865427
11/07/02--01046--007 **245.00



REINSTATEMENT 02

DOCUMENT # N00228

1. Corporation Name

MISSIONARY AVIATION MINISTRIES, INC., OF AVON PARK, FLORIDA

Principal Place of Business

1400 C.R. 17A NORTH
AVON PARK FL 33825
US

Mailing Address

1400 C.R. 17A NORTH
AVON PARK FL 33825
US

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

2. New Principal Office Address, if Applicable

980 N. DEER LAKE RD

Suite, Apt. #, etc.

AVON PARK, FL

City & State

33825 HIGHLANDS

Zip

Country

3. New Mailing Office Address, if Applicable

980 N. DEER LAKE RD

Suite, Apt. #, etc.

AVON PARK, FL

City & State

33825 HIGHLANDS

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1983

5. FEI Number

59-2396048

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
PD	SCHANKWEILER, REV. THOMAS	1400 C.R. 17A NORTH 980 N. DEER LAKE RD.	AVON PARK FL 33825
SD	SCHANKWEILER, HARRY JR. SCHANKWEILER, MELISSA	R.D. BOX 267 970 N. DEER LAKE RD	OLEY PA AVON PARK, FL 33825
V	SCHANKWEILER, RONALD	1246 CENTER ST. 1230 CENTER ST.	SHAMOKIN PA COAL TOWNSHIP, PA 17866
TD	SCHANKWEILER, SALLY	1400 C.R. 17A NORTH 980 N. DEER LAKE RD	AVON PARK FL 33825

8. Name and Address of Current Registered Agent

SCHANKWEILER, REV. THOMAS
1400 C.R. 17A NORTH
AVON PARK FL 33825

9. Name and Address of New Registered Agent

Name

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

980 N. DEER LAKE RD.

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-4-02

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)(f), 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 REQUIRED
Rev. Thomas Schankweiler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863 453 6052

11-4-02

CR2E040 (8/02)