PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 15 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000220

1. Corporation Name
STANLEY MINISTRIES FOR THE DISABLED AND ELDERLY, INC

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
5548 PLAYA WAY	P.O. BOX 8027
Suite, Apt. #, etc.: APT 27	Suite, Apt. #, etc.: —
City & State: JACKSONVILLE, FLA	City & State: JACKSONVILLE FLA
Zip: 32211 Country: DUVAL	Zip: 32239 Country: DUVAL

4. Date Incorporated or Qualified To Do Business in Florida: 1-5-2001

5. FEI Number: 59-3425440 ☐ 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: HUGH STANLEY
Street Address (P.O. Box Number is Not Acceptable): 6427 SIMCA DR.
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32277

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: Hugh Stanley (REGISTERED AGENT MUST SIGN) Date: 10/13/04

CR2E081 (01/04)

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
P	HUGH STANLEY	6427 SIMCA DR.	JACKSONVILLE, FL 32277
V	SHIRLEY STANLEY	" " "	" "
T	DAVID TROTTA	1730 SHADOWOOD LN SUITE 307	JACKSONVILLE, FL 32207

10/18/04--01088--008 **306.25

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: Hugh Stanley (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 10/14/04 (Date) 904-626-0857 (Daytime Phone #)