

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
13 FEB -4 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000001770

1. Corporation Name

Urban Assault ministries, Inc.

2. Principal Office Address - No P.O. Box #

2054 Lou Avenue

Suite, Apt #, etc

3. Mailing Office Address

P.O. Box 717

Suite, Apt #, etc

City & State

Sneads, Florida

Zip

32460

Country

USA

City & State

Sneads, Florida

Zip

32460

Country

Jackson USA

**REINSTATEMENT**

CR2E081 (11/10)

10-13 a)

4. Date Incorporated or Qualified  
To Do Business in Florida

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

David W. Lawson

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

2054 Lou Avenue

Suite, Apt #, Etc

City

Sneads

State

FL

Zip Code

32460

000244350830  
02/05/13--01001--018 \*\*420.00

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

*David W. Lawson*

REGISTERED AGENT MUST SIGN

Date

2/4/2013

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.D.	David W. Lawson	2054 Lou Avenue	Sneads, Florida 32460
VSD.	Felisa McQueen-Lawson	2054 Lou Avenue	Sneads, Florida 32460
D.	Betty Richardson	1447 GRIFF Street	Chattahoochee, Florida 32324
<del>D.I.</del>	<del>Jacqueline Oliver</del> <small>2x Error</small>		
D.I.	Jacqueline Oliver	2054 Lou Avenue	Sneads, Florida 32460

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*David W. Lawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/2013

Daytime Phone #