

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000002387

1. Corporation Name

RISING SONS MINISTRY, INC.

900012781279
02/19/03--01022--029 **292.50

2. Principal Office Address

113 PORT DRIVE

3. Mailing Office Address

113 PORT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

City & State

SHALIMAR, FL

Zip

32579

Country

OKALOOSA

Zip

32579

Country

OKALOOSA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2-03

7. Name and Address of Current Registered Agent

Name

FARROW, WILLIE A.

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

113 PORT DRIVE

Suite, Apt. #, Etc.

City

SHALIMAR

State
FL

Zip Code
32579

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

Willie A. Farrow

REGISTERED AGENT MUST SIGN

Date

4 Feb 2003

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	WILLIE A. FARROW	113 PORT DRIVE	SHALIMAR, FL 32579
VP	JEWELL FARROW	113 PORT DRIVE	SHALIMAR, FL 32579
TRES	SHARON A. FARROW	5 SANDALWOOD DRIVE APT 5B	FORT WALTON BEACH, FL 32548
SEC	GARRIE A. FARROW	618 GAP CREEK ROAD 16	FORT WALTON BEACH, FL 32548

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:

Willie A. Farrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4 Feb 2003

Daytime Phone #

CR2001 (10/02)