

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 24 PM 12:43

DOCUMENT #NO1000002836

1. Corporation Name

JUDY PETERSON MINISTRIES, INC.

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

10047 SILVER LAUREL WAY

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32832

Country

USA

3. Mailing Office Address

P.O. Box 94413

Suite, Apt. #, etc.

City & State

MAITLAND FLORIDA

Zip

32794

Country

USA

100144312651

02/24/09--01004--006 **192.50

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/01

5. FEI Number

593714234

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

JUDY PETERSON

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

10047 SILVER LAUREL WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32832

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

J Peterson

REGISTERED AGENT MUST SIGN

Date 02/18/09

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
CEO/D	JUDY PETERSON	10047 SILVER LAUREL WAY	ORLANDO/FL/32832
D	MALVERNA STREATER	4000 CAMELOT WAY	TALLAHASSEE/FL/32309
D/S	Treesha Slater	4770 33 RD AVENUE	VERO BEACH/FL 32967
D	Timothy PETERSON	1220 6 TH DRIVE #102	VERO BEACH/FL/32960
D			

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 filling 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 contained in Chapter 119, 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:

J Peterson

JUDY PETERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/09

Date

(407)383-1975

Daytime Phone #