

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 APR 15 PM 4:39

DOCUMENT # **N01000002836**

1. Corporation Name

**JUDY PETERSON MINISTRIES, INC.**

**REINSTATEMENT** 02-03

Principal Place of Business

Mailing Address

PO BOX 941413  
MAITLAND FL 32794-1413

PO BOX 941413  
MAITLAND FL 32794-1413



700016078307  
04/15/03--01075--003 \*\*297.50

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3714234

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	INGRAM, DRUSILLA	4303 AVE. Q	FT. PIERCE FL 34947
D	PETERSON, JUDY A	843 GRAND REGENCY POINTE, #102	ALTAMONTE SPRINGS FL 32714
D	PETERSON, NATHAN	2604 IROQUIOIS AVE.	FT. PIERCE FL 34946

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERSON, JUDY A  
843 GRAND REGENCY POINTE, #102  
ALTAMONTE SPRINGS FL 32714

Name

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

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

4/10/03

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)(l), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/03

Daytime Phone #

(407) 294-0999

CR2E040 (8/02)