

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 SEP 29 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003016

1. Corporation Name

GROWING IN FAITH MINISTRIES INC.

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

1029 NE 9TH STREET

3. Mailing Office Address

1029 NE 9TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

Zip

32601

Country

US

Zip

32601

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/01

5. FEI Number

01-0632856

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

BENNY THOMAS

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

8714 NE WALDO RD

Suite, Apt. #, Etc

City

GAINESVILLE

State

FL

Zip Code

32609

☒ 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

*Benny Thomas*

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

**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
D	BENNY THOMAS	8714 NE WALDO RD	GAINESVILLE, FL 32609
S	ADAM THOMAS	3814 NW 31ST PLACE	GAINESVILLE, FL 32606
D	JOAN T DENNARD	154 AIRPORT RD	ABBEVILLE, GA 31001
D	RALPH FASON	1029 NE 9TH ST	GAINESVILLE, FL 32601
T	SHIRLEY PARKER	1030 NE 8TH AVE	GAINESVILLE, FL 32601
D	JOE WILCOX	PO BOX 1702	CHIEFLAND, FL 32644

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 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:

*Benny Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #