

192.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/12/07--01015--018 **192.50

REINSTATEMENT

05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # CROSSING OVER MINISTRIES OF
1. Corporation Name POLK COUNTY, INC
NO1000003192

2. Principal Office Address - No P.O. Box # <u>1401 5th Street NE</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <u>WINTER HAVEN, FL</u>		City & State _____	
Zip <u>33881</u>	Country <u>POLK</u>	Zip _____	Country _____

4. Date Incorporated or Qualified To Do Business in Florida <u>5-2-2001</u>	
5. FEI Number <u>59-3725051</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CLARA BENNETT MILLER

Street Address (P.O. Box Number is Not Acceptable)
1401 5th St NE

Suite, Apt. #, Etc.

City WINTER-HAVEN State FL Zip Code 33881

☒ 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 Clara Bennett Miller Date 2-1-2007

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
P	CLARA BENNETT MILLER	1401 5th St NE WINTER HAVEN FL 33881	WINTER HAVEN, FL 33881
VP	Willie Mae Glanton	132 Carver St	Waverly, FL 33877
2VP	Patricia Neely	109 5th St JPV	Winter Haven, FL 33880
S	Joanne Mickenl Bond	390 George Rd	Lake Alfred, FL 33850
T	Stella Panton	132 Carver St	Waverly, FL 33877
REINSTATEMENT 05-07			

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: Clara Bennett Miller, President Date 2-1-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR