

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003340

1. Corporation Name

TED R. PRICE MINISTRIES, INC.

Principal Place of Business

1007 ALTAMIRA ST. N.W.  
PALM BAY FL 32907

Mailing Address

P.O. BOX 110193  
PALM BAY FL 32911-0193

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

2. New Principal Office Address, If Applicable

1753 Biddle St. N.E.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 060201  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/2001

5. FEI Number

94-3396283

Applied For

Not Applicable

City & State

Palm Bay Fl

City & State

Palm Bay Fl

Zip

32907

Country

Broward

Zip

32906-0201

Country

Broward

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
DCEO	PRICE, TED R DR.	1007 ALTAMIRA ST. NW	PALM BAY FL 32907
DCFO	PRICE, TEDDY R II	P.O. BOX 110193	PALOM BAY FL 32911
DS	PRICE, LEEANNA	P.O. BOX 110193	PALM BAY FL 32911.
			400024762614 11/17/03--01097--014 **236.25

8. Name and Address of Current Registered Agent

PRICE, TED R DR.  
1007 ALTAMIRA ST. NW  
PALM BAY FL 32907

9. Name and Address of New Registered Agent

Name

Dr. Jean Marie Whitehead

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

1753 Biddle St. N.E.

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

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

Dr. Ted R Price

Date 10-22-03

REGISTERED AGENT MUST SIGN

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)(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:

Dr. JAM Marie Whitehead  
Dr. Jean Marie Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

CR2040 (7/03)