

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 28 AM 11:45

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N010000004002

1. Corporation Name

Integrity Ministries of the Treasure Coast  
E.I.N 94-3398678

W03000013548

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

909 NE Dixie Hwy

3. Mailing Office Address

909 NE Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Bch. Fl.

City & State

Jensen Bch Fl.

Zip

34957

Country

U.S

Zip

34957

Country

U.S

**REINSTATEMENT** 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

6-4-01

5. FEI Number

94-3398678

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 DAVID Bailey Pres.

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

1555 NE Beacon Drive

Suite, Apt. #, Etc.

UNIT 1006

City

Jensen Bch

State

FL

Zip Code

34957

☒ 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

David Bailey

REGISTERED AGENT MUST SIGN

Date 3-12-07

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
<u>P</u>	<u>David Bailey</u>	<u>1555 NE Beacon DR. Unit 1006</u> <u>Unit</u>	<u>Jensen Bch Fl. 34957</u>
<u>V</u>	<u>Jim Wilson</u>	<u>2872 SE. DURANT AVE</u>	<u>Starat Fl. 34997</u>
<u>S</u>	<u>DWAYNE Townshend</u>	<u>1825 SE Camillo St</u>	<u>Port St Lucie Fl 34952</u>
<u>T</u>	<u>FRANK Godleski</u>	<u>33 A. ATLANTIC OAKS circle</u>	<u>St. Augustine Fl. 32080</u>

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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:

David Bailey DAVID Bailey

3-12-07

Date

772-260-8238

Daytime Phone #