

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 29 AM 11:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

600030575486
03/16/04--01097--005 **245.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
41-2045939

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
KEIL GERALD B. REEVES

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

126 POPLAR PLACE

Suite, Apt. #, Etc.

City
NICEVILLE

State
FL

Zip Code
32578

600030575486
03/31/04--01019--009 **52.50

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 X. Keil Gerald B. Reeves
REGISTERED AGENT MUST SIGN

Date 3/8/04

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	SCHRADER, EVELYN	2400 CRYSTAL COVE LN #1-102	MIRAMAR BEACH FL 32550
D	WILSON, VICKY	1025 JUNIPER AVE	NICEVILLE FL 32578
DS	CARTER, SHERY	136 GARDEN LN	NICEVILLE FL 32578
D	ALTMAN, NANCY	117 HAMPTON CT. WEST	NICEVILLE FL 32578

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 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: NANCY C. ALTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 10, 2004 850-897-3832

CR20081 (10/02)



ORIGINAL

March 5, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report, FEI # 412045939

To whom it may concern:

Please find enclosed our 2003 Uniform Business Report that was never submitted. Apparently this report was sent to the Principle address and had been lost on someone's desk for a long time. The mailing address for Triangle Ministries, Inc. was changed and you were never notified. We wish to reinstate Triangle Ministries, Inc. as soon as possible. We have added an additional Director, Nancy Altman and changed the address of another Director, Evelyn Schrader. I have enclosed a check for Two Hundred Forty Five Dollars (\$ 245.00) for the breakdown as follows: Reinstatement fee of \$ 175.00, Annual Report Fee of \$ 61.25, and a Certified Copy fee of \$ 8.75. This should cover the cost of the 2003 report.

In addition, we did not receive a 2004 Uniform Business Report. I am assuming this was due to the Admin Dissolution for Annual Report of 2003. If you would kindly send the 2004 report to us we will complete it and return it back to you promptly. Please accept our apologies for the delayed reports. Your quick response is greatly appreciated.

Sincerely,

Rev. Gerald B. Reeves

Rev. Gerald B. Reeves