

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 DEC -8 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005401

1. Corporation Name

CHRIS MUSGROVE MINISTRIES, INC.

Principal Place of Business

Mailing Address

HWY 51 NORTH  
LIVE OAK FL 32060

PO BOX 458  
MAYO FL 32066



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3760724

Applied For

Not Applicable

City & State

MAYO, FL  
32066

City & State

Zip Country Zip Country

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
D	BANNISTER, JUDY	RT. 4 BOX 360	LAKE CITY FL 32024
D	EVANS, BILLY	RT 1 BOX 1695	WHITE SPRINGS FL 32096
D	HOLLIHAN, JOHN	110 PARSHLEY ST., APT-A	LIVE OAK FL 32060
D	JACKSON, KEVIN	RT. 2 BOX 843	MAYO FL 32066
P	MUSGROVE, CHRIS	7219 137TH RD	LIVE OAK FL 32060
S	MUSGOVER, TERRI	7219 137TH RD	LIVE OAK FL 32060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSGROVE, CHRIS  
7219 137TH RD.  
LIVE OAK FL 32060

Name

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

Suite, Apt. #, Etc.

400025330304  
12/08/03--01085--007 \*\*236.25

City

State  
FL

Zip Code

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

Chris Musgrove  
REGISTERED AGENT MUST SIGN

Date

12/5/03

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.

INATURE

Terri Musgrove / Terri Musgrove  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/03

Daytime Phone #

386-294-3089

CR2ED40 (7/03)