

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005577

1. Corporation Name

STRONG TOWER MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

1321 SE 29TH ST
CAPE CORAL FL 33904

Mailing Address

1321 SE 29TH ST
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2001

5. FEI Number

AW-65-1145132

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DAVID R. WALSH	1321 SE 29 th ST.	CAPE CORAL, FL. 33904
D	VICTORIA WALSH	1321 SE 29 th ST.	CAPE CORAL, FL. 33904
D	KENWETA LAURENTE	1910 SE 16 th ST.	CAPE CORAL FL. 33990

400008766524
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8. Name and Address of Current Registered Agent

CARKHUFF, WALDO H
108 HISPANIOLA LANE
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

Name

DAVID R. WALSH

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

1321 SE. 29th ST.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

David R. Walsh
REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

DAVID R. WALSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (239) 510-1261

CR2E040 (8/02)