

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 30 PM 12:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0100000 6508

1. Corporation Name

Filling Station Ministries, Inc.

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

9090 NW 13 St

Suite, Apt. #, etc.

3. Mailing Office Address

9090 NW 13 St

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

Zip

33322

Country

USA

Zip

33322

Country

USA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/2001

5. FEI Number

651135949

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

Alan Neil Kass

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

9090 NW 13 St

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33322

☒ 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

Alan Neil Kass

REGISTERED AGENT MUST SIGN

Date 4/23/07

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
D	Alan N Kass	9090 NW 13 St	Plantation FL 33322
D	Helen L Kass	9090 NW 13 St	Plantation FL 33322
D	Mark S Stoddart	4040 Lakeside Dr	Tamara e FL 33319
			800103285758
			05/25/07--01015--024 **315.mn

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:

Helen Kass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

Daytime Phone #

954-383-2681