

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008778

1. Corporation Name

ANGEL'S MINISTRIES INC.

Principal Place of Business

1614 DUNHAM ST.
PALATKA FL 32177

Mailing Address

1614 DUNHAM ST.
PALATKA FL 32177



900014384819

03/20/03--01006--002 **70.00

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

1897 C.R. 308

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRUITLAND, FL

City & State

5. FEI Number

23-3850452

Applied For

Not Applicable

Zip

Country

Zip

Country

32112 USA

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	ASHFORD, JAMES John Owens	1614 DUNHAM ST. "B" 1897 C.R. 308	PALATKA FL 32177 Fruitland, FL - 32112
D	WALDREP, KATHY A	RT. 6 BOX 171 W. PINE ST. 1897 C.R. 308	PALATKA FL 32177 Fruitland, FL - 32112
D	WALDREP, THOMAS L	RT. 6 BOX 171 W. PINE ST. 1897 C.R. 308	PALATKA FL 32177 Fruitland, FL - 32112
D	ASHFORD, LILLIAN MARY L. THOMAS	1614 DUNHAM ST. "B" P.O. BOX 697 OR 402 W. Pine	PALATKA FL 32177 PALATKA FL 32177

8. Name and Address of Current Registered Agent

ASHFORD, JAMES
1614 DUNHAM ST.
PALATKA FL 32177

9. Name and Address of New Registered Agent

Name Thomas L. Waldrep

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

1897 C.R. 308

Suite, Apt. #, Etc.

City

Fruitland

State
FL

Zip Code

32112

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

Thomas L. Waldrep
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/17/03

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.

SIGNATURE:

Mary L. Thomas
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/03

Daytime Phone #

CR2E040 (8/02)