

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 25 AM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000008986**

1. Corporation Name

Bill Stanley Ministries, Inc.

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

613 Casa Grande Dr.

3. Mailing Office Address

613 Casa Grande Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

USA

Zip

32940

Country

USA

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

12-26-01

5. FEI Number

11-3666154

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

William L. Stanley

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

613 Casa Grande Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

☒ 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.

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09/24/07--01077--008 **192.50

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

William L. Stanley

Date **9-12-07**

REGISTERED AGENT MUST SIGN

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
✓ P	William L. Stanley	613 Casa Grande Dr.	Melbourne, FL 32940
✓ V	Dena Stanley	613 Casa Grande Dr.	Melbourne, FL 32940
✓ C	Walter Johnson	4766 SE 35 th AVE	Ocala, FL 34480
✓ S	Keith Profit	6182 Joseph CT.	Melbourne, FL 32940
✓ D	Chris Love	3444 Cherry Ridge Rd.	LYNN HAVEN, FL 32444

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:

William L. Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-07

Date

Daytime Phone #

SEP 25 2007