

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000000141		1. Corporation Name SHARON HOBBS MINISTRIES, INC.	
Principal Place of Business 9965 MIRAMAR PKWY..PMB 228 MIRAMAR FL 33025		Mailing Address 9965 MIRAMAR PKWY..PMB 228 MIRAMAR FL 33025	
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	
4. Date Incorporated or Qualified To Do Business in Florida 01/07/2002		5. FEI Number 86-0703777	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCEO	HOBBS, SHARON D	9965 MIRAMAR PKWY..PMB 228	MIRAMAR FL 33025
D	ROBINSON, ANDREA L	10161 SW 18TH ST.	MIRAMAR FL 33025
D	ROBINSON, BRIANA S	10161 SW 18TH ST.	MIRAMAR FL 33025
D	HOLMES, VIOLA	1321 NW 190TH ST.	MIAMI FL 33169
D	HOLMES, DOROTHY A	10430 SW 183RD ST.	MIAMI FL 33157
D	STAPLES, DAVID	1321 NW 190TH ST.	MIAMI FL 33169
8. Name and Address of Current Registered Agent HOBBS, SHARON D 10161 SW 18TH ST. MIRAMAR FL 33025		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700038643897 Suite, Apt. #, Etc. 07/02/04--01050--006 **61.25 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. 700038643897 Signature of Registered Agent X Sharon D Hobbs SIGNATURE REQUIRED 09/10/04--01054--002 **61.25 Date 27 Jun 04 REGISTERED AGENT MUST SIGN			
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. 954 885-8351 SIGNATURE: X Sharon D Hobbs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 27 Jun 04 Date Daytime Phone #			

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June 30, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2003 UBR

To Whom It May Concern:

I did not receive prior notice of the requirement to send the yearly fee and ask that you waive the \$175.00. Thank you and this ministry will not be delinquent in the future.

Sincerely,

Sharon D. Hobbs

Sharon D. Hobbs
Sharon Hobbs Ministries
Registered Agent and CEO