

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2 00000 1283

**1. Corporation Name**

God's Touch Ministries, Inc.

**2. Principal Office Address**

4051 N. Ocean Blvd

Suite, Apt. #, etc.

Suite 214

City & State

Ft. Lauderdale Florida

Zip

33308

Country

Broward

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2.18.02

**5. FEI Number**

65-0564174

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Phillip 'Scotty' Ragsdale

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

4051 N. Ocean Blvd.

Suite, Apt. #, Etc.

Suite 214

City

Ft. Lauderdale

State

FL

Zip Code

33308

**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

Phillip 'Scotty' Ragsdale

REGISTERED AGENT MUST SIGN

Date

12.8.04

**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	Phillip 'Scotty' Ragsdale	4051 N. Ocean Blvd Suite 214	Ft. Lauderdale, FL 33308
D	Hilton A. Brown	310 Fairway Cir.	Ft. Lauderdale, FL 33326
D	Stephen Allaire	P.O. Box 25686	Tamarac, FL 33321

**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 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:**

Phillip 'Scotty' Ragsdale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.8.04

Date

754.214.7772

Daytime Phone #

CR2E081 (10/02)