

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 13 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002231

1. Corporation Name

Hidden Treasures Ministries, Inc.

2. Principal Office Address

825 Egret Circle

Suite, Apt. #, etc.

A-307

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Office Address

825 Egret Circle

Suite, Apt. #, etc.

A-307

City & State

Delray Beach, FL

Zip

33444

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

January 2002

5. FEI Number

01-0641028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah Sampson

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

825 Egret Circle

Suite, Apt. #, Etc.

A-307

City

Delray Beach

State
FL

Zip Code
33444

100060455004

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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

Deborah Sampson
REGISTERED AGENT MUST SIGN

Date

10/7/05

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/D	Deborah Sampson	825 Egret Circle A-307	Delray Beach, FL 33444
T/D	Tom Willis	825 Egret Circle A-307	Delray Beach, FL 33444
S/D	Cynthia Walker	825 Egret Circle A-307	Delray Beach, FL 33444
V/O	William Sampson	825 Egret Circle A-307	Delray Beach, FL 33444

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:

DEBORAH SAMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 7, 2005

Date

561-573-1150

Daytime Phone #