

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:46

DOCUMENT # **N02000002731**

1. Corporation Name

**MIRROR IMAGE MINISTRIES INC.**

SECRETARY OF STATE  
**REINSTATEMENT**

Principal Place of Business

1829 AGORA CIR. SE. #2  
PALM BAY FL 32909

Mailing Address

1829 AGORA CIR. SE. #2  
PALM BAY FL 32909

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

**415 LUND CIR**

City & State  
**MEIBOURNE FL**

Zip  
**32901**

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**415 LUND CIR**

City & State  
**MEIBOURNE FL**

Zip

**32901**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/09/2002**

5. FEI Number

Applied For

Not Applicable

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
PD	PAYNE, ALAN JR.	1829 AGORA CIR. SE. #2	PALM BAY FL 32909
VD	PAYNE, GEORGIANNA	1829 AGORA CIR. SE. #2	PALM BAY FL 32909
D	PAYNE, MYRIA	1829 AGORA CIR. SE. #2	PALM BAY FL 32909
D	PAYNE, GABRIEL	1829 AGORA CIR. SE. #2	PALM BAY FL 32909
D	PAYNE, ALAN	7481 24ST	SACRAMENTO CA 95822
D	PAYNE, ROBIN	7481 24ST	SACRAMENTO CA 95822

8. Name and Address of Current Registered Agent

PAYNE, ALAN JR.  
1829 AGORA CIR. SE. #2  
PALM BAY FL 32909

9. Name and Address of New Registered Agent

Name

**PAYNE ALAN JR**

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

**415 LUND CIR**

Suite, Apt. #, Etc.

**MEIBOURNE**

City

**MEIBOURNE**

State

**FL**

Zip Code

**32901**

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

**Alan Payne Jr**  
REGISTERED AGENT MUST SIGN

Date

**10/9/03**

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:

**Alan Payne Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/9/03**

Daytime Phone #

CR2E040 (7/03)