

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 DEC 31 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002905**

1. Corporation Name

**BATUMANE KASANGANAY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

7638 OAK GROVE CIRCLE  
LAKE WORTH FL 33467

7638 OAK GROVE CIRCLE  
LAKE WORTH FL 33467

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

Zip

Country

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/2002

5. FEI Number

**010664325**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	KASANGANAY, BATUMANE	7638 OAK GROVE CIRCLE	LAKE WORTH FL 33467
DS	MWAMBA, KASANGANAYI F	1911 WEIGHMONT COURT	CHARLOTTE NC 33467
DT	KASANGANAY, MANGIELA M	7638 OAK GROVE CIRCLE	LAKE WORTH FL 33467
D	BANKS, MARGRADY	3081 N.W. 47TH TERRACE	FT LAUDERDALE FL 33313

900025892179  
12/31/03--01048--003 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASANGANAY, BATUMANE  
7638 OAK GROVE CIRCLE  
LAKE WORTH FL 33467

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Batumanee Kasanganay (DP)*  
REGISTERED AGENT MUST SIGN

Date **12/26/03**

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:

*Mangela M. Kasanganay* - MANGIELA M. KASANGANAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/26/03 649-5840**

CR2E040 (7/03)