

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

03 OCT 31 PM 2:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **N02000003418**

1. Corporation Name

**APOSTLE NANCY COTTRELL MINISTRIES, INC.**

Principal Place of Business

Mailing Address

220 POND STREET  
 CENTURY FL 32535

220 POND STREET  
 CENTURY FL 32535



**REINSTATEMENT** 03

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

32535

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/07/2002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COTTRELL, NANCY	6941 JEFFERSON CIRCLE	CENTURY FL 32535
S	MACARTHUR KING, PAMELA	304 E. POND STREET	CENTURY FL 32535
T	FRANKLIN BROWN, CYNTHIA	60 GREEN STREET	CENTURY FL 32535

300024382133  
 11/03/03--01074--004 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COTTRELL, NANCY  
 220 POND STREET  
 CENTURY FL 32535

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

*Nancy Cottrell*  
 REGISTERED AGENT MUST SIGN

Date 10-29-03

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:

*Nancy Cottrell*

10-29-03

850-256-5577

CR2E040 (7/03)

APOSTLE NANCY COTTRELL MINISTRIES, INC.  
PO BOX 834/220 POND STREET  
CENTURY, FL 32535-0834  
(850)256-5577

OCTOBER 13, 2003

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

DEAR SIR:

I AM WRITING IN REGARDS OF REINSTATING OF APOSTLE NANCY COTTRELL MINISTRIES, INC. AND WAIVING THE REINSTATEMENT FEES.

I AM WRITING TO LET YOU KNOW THAT WE DID NOT RECEIVE ANY NOTICE ABOUT THE RENEWAL FOR THE APOSTLE NANCY COTTRELL MINISTRIES, INC., DOCUMENT NUMBER: N02000003418.

WE ARE SENDING THIS LETTER AND THE CHECK FOR THE REGULAR FEES AT THIS TIME AND EXPLAINING THAT WE DID NOT RECEIVE ANY NOTICE AS PER TOLD ON THE PHONE BY ONE OF YOUR EMPLOYEES.

IF YOU COULD PLEASE HELP US WITH THIS MATTER AS SOON AS POSSIBLE, WE WOULD APPRECIATE IT.

IF THERE IS ANY OTHER INFORMATION YOU ARE IN NEED OF PLEASE CONTACT ME AT THE ABOVE NUMBER.

SINCERELY

*Nancy Cottrell*  
NANCY COTTRELL