

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -7 AM 8:00

DOCUMENT # **N02000004037**

1. Corporation Name

SPIRIT AND POWER MINISTRIES, INC.

Principal Place of Business

Mailing Address

2864 HEARD BRIDGE RD.
WAUCHULA FL 33873

2864 HEARD BRIDGE RD.
WAUCHULA FL 33873



MRS

REINSTATEMENT

03-04

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	SCARBOROUGH, JESS	2864 HEARD BRIDGE RD.	WAUCHULA FL 33873
VPT	SCARBOROUGH, SEENA	2864 HEARD BRIDGE RD.	WAUCHULA FL 33873
S	CAREY, RICHARD E	731 GRAND CANYON DR.	VALRICO FL 33584

100035733741
05/07/04--01018--013 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCARBOROUGH, JESS
2864 HEARD BRIDGE RD.
WAUCHULA FL 33873

Name

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

Suite-Apt.-#-Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/3/04

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:

Seena Scarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

Date

(863) 767-5302

Daytime Phone #

CR2E040 (7/03)