

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

04 FEB 12 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005881

1. Corporation Name

MOSE HAGEN MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 617442

ORLANDO FL 32861

P.O. BOX 617442

ORLANDO FL 32861

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.

P.O. Box 560203

City & State

Orlando Fla

Zip

32856-0203

Country

Orange

Suite, Apt. #, etc.

2704 Gulf Stream Rd

City & State

Orlando Fla

Zip

32805

Country

Orange

REINSTATEMENT

03-04



700025939487

01/02/04--01051--030 **70.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2002

5. FEI Number

510485966

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
P	Mose Hagens	2704 Gulf Stream Rd B	Orlando, Fla. 32805
VP	Jeraldine Hagens	2704 Gulf Stream Rd	Orlando, Fla. 32805
S	Caroline Baxter	6765 Pomeroy Cir	Orlando, Fla. 32810
T	Luevenia Wallace	1635 Aaron ave	Orlando Fla. 32811
C	Annie Dupree	809 Apt 9 Avondale ave	Orlando Fla. 32811

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAGEN, MOSE
3435 S. ORANGE AVENUE
ORLANDO FL 32805

Name

Mose Hagen

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

2704 Gulf Stream Rd

Suite, Apt. #: Etc.

City

Orlando

State

FL

Zip Code

32805

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.

700025939487

02/11/04--01018--008 **236.25

Signature of
Registered Agent

Mose L. Hagens

REGISTERED AGENT MUST SIGN

Date 12-22-03

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:

Mose L. Hagens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-03

Date

407-999-2206

Daytime Phone #

CR2E040 (7/03)