


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N02000006321

1. Corporation Name

S.W.M. Ministries, Inc

2. Principal Office Address

1979 Joshua Drive

3. Mailing Office Address

1979 Joshua Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment

City & State

Cantonment

Zip

32533

Country

Escambia

Zip

32533

Country

Escambia

4. Date Incorporated or Qualified

To Do Business in Florida 08/20/2002

5. FEI Number

13-4208314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael F. Abney

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

1979 Joshua Drive

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/2/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCEO	Abney, Michael F. Sr.	1979 Joshua Drive	Cantonment, Florida 32533
TD	Erika R. Lee	1004 Tunis Street	Pensacola, Florida 32503
SD	Ingram A. Abney	9170 Woodrun Road	Pensacola, Florida 32514

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Abney

Date

4/2/04

Daytime Phone #

850-452-1001 x1134

CR2E081 (01/04)