

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006387

1. Corporation Name

Gospel Open Eye Ministries, Incorporated

2. Principal Office Address

40 Smith Street

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

St. Johns

3. Mailing Office Address

P.O. Box 1137

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32085

Country

St. Johns

4. Date Incorporated or Qualified  
To Do Business in Florida

August 2002

5. FEI Number

03-0478709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Pastor Dr. Andrew Sakala

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

1085 West 15th Street,

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 08/26/04

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
Sr-D	Dedra P. Sakala	7125 C.R. 208	St. Augustine, FL 32092
D	Eric Greene	147 Stewart St.	St. Augustine, FL 32084
D	Sharon Greene	147 Stewart St.	St. Augustine, FL 32084
D	Joseph Sanks	7360 C.R. 208	St. Augustine, FL 32092
D	Marsha Sanks	7360 C.R. 208	St. Augustine, FL 32092
D	Andrew Sakala II	1085 W. 15th St.	St. Augustine, FL 32084

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/04

Date

(904) 829-0053

Daytime Phone #

CR2E081 (01/04)