

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

03 OCT 28 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007728

1. Corporation Name

MERCY OUTREACH MINISTRIES, INC.

Principal Place of Business

2220 NW 51 AVE
LAUDERHILL FL 33313

Mailing Address

C/O WITCLIFFE LOCKERD
2220 NW 51 AVE
LAUDERHILL FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2002

5. FEI Number

47-0894128

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
D	LOCKERD, WITCLIFFE	2220 NW 51 AVE	LAUDERHILL FL 33313
D	LOCKERD, CAROLYN	2220 NW 51 AVE	LAUDERHILL FL 33313
D	NEWMAN, SHARON	8117 NW 71 AVE	TAMARAC FL 33321
D	HYMAN, RHONA	4490 NW 43 ST	LAUDERDALE LAKES FL 33319

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10/23/03--01032--011 **70.00

8. Name and Address of Current Registered Agent

LOCKERD, WITCLIFFE
2220 NW 51 AVE
LAUDERHILL-FL-33313

9. Name and Address of New Registered Agent

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

Witcliffe Lockerd

REGISTERED AGENT MUST SIGN

Date 10/22/03

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:

Witcliffe Lockerd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

Daytime Phone #

CR2E040 (7/03)

MERCY OUTREACH MINISTRIES, INC.

Tel. # (954)298-2331

October 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

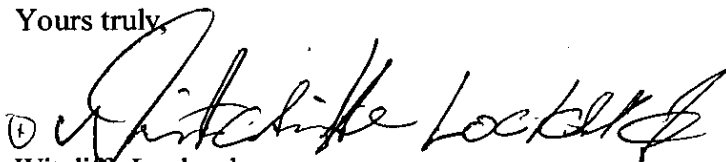
Re: Notice of Administrative Dissolution or Revocation
Mercy Outreach Ministries, Inc. - Document #N02000007728

My name is Witcliffe Lockerd, President/Director/Registered Agent of the above named company and I wish to inform your office that we did not receive your prior notices regarding the renewal of our Annual Report/Uniform Business Report, and therefore was not aware of this.

Along with this letter we attach the completed application for reinstatement and a money order in the amount of Seventy Dollars (\$70.00) being \$61.25 for the UBR filing fee and \$6.75 for a Certificate of Status.

Kindly note our changes. I look forward to hearing from you.

Yours truly,



Witcliffe Lockerd
PRESIDENT/DIRECTOR
REGISTERED AGENT

**Witcliffe Lockerd, President . Carolyn Lockerd, Director . Sharon Newman, Director .
Rhona Hyman, Director**