## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## 'APPLICATION FOR REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### **DOCUMENT #** N02000007804

1. Corporation Name

FILED

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| CHRIST IN YOU MINISTRIES, INCORPORATED                                                                                                                         |                                      |                             |                      |                                                |                                                    | TALLAHASSEE, FLORIDA                                            |                                                                                                 |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|----------------------|------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| Principal                                                                                                                                                      | Place of Rusine                      | 200                         | Mailing Ade          | Irono                                          | R                                                  | EMST                                                            | ATEMENT                                                                                         | 03                                                       |  |
| 2015 EAST RAMPART STREET 2015 EA                                                                                                                               |                                      |                             |                      | EAST RAMPART STREET PA FL 33617                |                                                    |                                                                 |                                                                                                 |                                                          |  |
| If above addresses are incorrect in any way, line through incorrect information and  2. New Principal Office Address, If Applicable 3. New Mailing Office Addr |                                      |                             |                      |                                                | dress, If Applicable 4. Date                       |                                                                 | 200023768852<br>0/13/0301108009 **61.25<br>Incorporated or Qualified                            |                                                          |  |
| Suite, Apt                                                                                                                                                     | t. #, etc.                           | <u> </u>                    | Suite, Apt. #        | ŧ, etc.                                        | ·                                                  | To Do Business in Florida 10/10/2002  5. FEI Number Applied For |                                                                                                 |                                                          |  |
| City & State                                                                                                                                                   |                                      |                             | City & State         | City & State                                   |                                                    | Applied I of                                                    |                                                                                                 | Applied For  Not Applicable                              |  |
| Zip                                                                                                                                                            |                                      | Country                     | Zip                  | Count                                          |                                                    | <u> </u>                                                        |                                                                                                 | 75 Additional Fee required<br>or a Certificate of Status |  |
| 7. Names                                                                                                                                                       | s and Street Ad                      | Idresses of Each Officer    |                      | 1                                              |                                                    | <del></del>                                                     |                                                                                                 |                                                          |  |
| ŤŤitle(s)<br>1                                                                                                                                                 | Name of Officers<br>and/or Directors |                             |                      | Street Address of Each Officer and/or Director |                                                    |                                                                 | City / State / Zip                                                                              |                                                          |  |
| DT                                                                                                                                                             | HILL, CHARLES J                      |                             |                      | 2015 EAST RAMPART STREET                       |                                                    |                                                                 | TAMPA FL 33617                                                                                  |                                                          |  |
| VST                                                                                                                                                            | HILL, CAR                            | OLYN A                      |                      | 2015 EAST RAMPART STREET                       |                                                    |                                                                 | TAMPA FL 33617                                                                                  |                                                          |  |
| Π,                                                                                                                                                             | AUCTIN N                             | MAN Mouta                   | mery                 | 4105 OAKKNOLL APT #62<br>1250-SKIPPERKA        |                                                    |                                                                 | TAMPA FL 33010-<br>TAMPA, FL 336/3                                                              |                                                          |  |
| <b>T</b> .                                                                                                                                                     | EVANS, WILLE C                       |                             |                      | 11110 NORTH 21ST STREET - 3816 - N.SSY2.ST     |                                                    |                                                                 | TAMPA FL 88612<br>TAMPA, FL 33619                                                               |                                                          |  |
| T                                                                                                                                                              | DELAUGHTER, CECIL                    |                             |                      | 1812 148TH AVE                                 |                                                    |                                                                 | TAMPA FL 33695                                                                                  |                                                          |  |
|                                                                                                                                                                | ł                                    |                             |                      |                                                |                                                    |                                                                 |                                                                                                 | /                                                        |  |
| 8. Name and Address of Current Registered Agent                                                                                                                |                                      |                             |                      |                                                |                                                    | 9. Name and Address of New Registered Agent                     |                                                                                                 |                                                          |  |
| HILL, CAROLYN A                                                                                                                                                |                                      |                             |                      |                                                | (1011)                                             |                                                                 |                                                                                                 |                                                          |  |
| 2015 EAST RAMPART STREET                                                                                                                                       |                                      |                             |                      |                                                | Street Address (P.O. Box Number is Not Acceptable) |                                                                 |                                                                                                 |                                                          |  |
| TAMPA FL 33617                                                                                                                                                 |                                      |                             |                      | Suite, Apt. #, Etc.                            |                                                    |                                                                 |                                                                                                 |                                                          |  |
|                                                                                                                                                                |                                      | ,                           |                      |                                                | City                                               |                                                                 | State FL                                                                                        | Zip Code                                                 |  |
| 10. I, bein<br>Signature<br>Registered                                                                                                                         | of /                                 | e registered agent of the   | above named com      | oration, am familiar w                         | rith and accept the ob                             | oligations of Sect                                              | Date                                                                                            | 63                                                       |  |
| this rei                                                                                                                                                       | nstatement app                       | olication, the reason for d | dissolution has been | eliminated, the corpo                          | orate name satisfies                               | the requirements                                                | apter 607 or 617, F.S. I further of sections 67:0401 or 617.04 der sections 19.07(3)(i), F.S. T | 01. F.S., that all fees                                  |  |

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

# CHRIST IN YOU MINISTRIES, INC.

2015 EAST RAMPART STREET TAMPA, FLORIDA 33604 PHONE 813-932-4005 FAX SAME CALL B-4 FAXING

October 8, 2003

FLORIDA DEPT. OF STATE APPLICATION FOR REINSTATEMENT DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

Dear Sirs and/or Madams:

We, a not-profit corporation, Christ In You Ministries, Inc., request the reinstatement fees to be waived due to the fact we did send our Uniform Business Report Form back to your office sent in our filing form back with a check around the first of January 2003. The form received in your office was returned to us because of an error made by on of the ladies assisting in the finance room. We received your letter with incorrect check and returned form in March 2003. We sent a corrected check with the same form around the beginning of May 2003, we don't know if that mail got lost or what but we sent the form to your office. I also, spoke with Jeff at 850-245-6059 and he informed me to send a letter stating about what happened and a check for \$61.25 and we will be instated.

Sincerely,

Carolyn Hill/ sect

cc: CNU RCDS