

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 30 PM 1:08

DOCUMENT # **102000008220**

1. Corporation Name

LEVI KELLY MINISTRIES, INC

2. Principal Office Address - No P.O. Box #

26223 SW 122ND PLACE

Suite, Apt. #, etc

City & State

PRINCETON, FL

Zip

33032

Country

USA

3. Mailing Office Address

26223 SW 122ND PLACE

Suite, Apt. #, etc

City & State

PRINCETON, FL

Zip

33032

Country

USA

6/1/08
800183132808 08/09/10 01035
07/09/10 01035 003 358.75
CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida **10/25/2002**

5. FEI Number
71-0930952

☐ 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
KELLY, LEVI

Street Address (P.O. Box Number is Not Acceptable)
26223 SW 122ND PLACE

Suite, Apt. #, Etc

City
PRINCETON, FL

State Zip Code
FL 33032

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

Levi Kelly

REGISTERED AGENT MUST SIGN

Date **09/22/2010**

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 |
|--------|--------------------------------------|---|---------------------|
| DP | KELLY, LEVI | 26223 SW 122ND PLACE | PRINCETON, FL 33032 |
| DT | PRATHER, JERRY | 12270 SW 202 STREET | MIAMI, FL 33177 |
| DS | STONE, SUSAYE | 11233 SW 189TH LANE | MIAMI, FL 33157 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT *08-10*

10. E-mail Address: **BISHOPK58@YAHOO.COM**

(To be used for future annual report notification)

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. I further certify, 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:

Levi Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/22/2010 305-726-5728

Date

Daytime Phone #