

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800091013638
03/06/07--01024--029 **315.00

DOCUMENT # *N02000009667*

1. Corporation Name

*International Support Ministries
of Florida Incorporated*

REINSTATEMENT *03-07*

CR2E081 (1/07)

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

7031 176th Place SW

Suite, Apt. #, etc.

3. Mailing Office Address

15318 Hutchison Rd

Suite, Apt. #, etc.

City & State

Edmonds, WA

Zip

98020

Country

USA

City & State

TAMPA, FL

Zip

33625

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 13, 2002

5. FEI Number

76-0342059

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

DAVID WILLIAM LIST

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

15318 Hutchison Road

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David W List

REGISTERED AGENT MUST SIGN

Date *2/20/2007*

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
<i>P</i>	<i>Dr. Stephen List</i>	<i>7031 176th Place SW</i>	<i>Edmonds, WA 98026</i>
<i>V</i>	<i>Lorraine List</i>	<i>7031 176th Place SW</i>	<i>Edmonds, WA 98026</i>
<i>S/T</i>	<i>Charles DeVore</i>	<i>PO Box 1049</i>	<i>Monroe, WA 98272</i>
<i>D</i>	<i>DAVID LIST</i>	<i>15318 HUTCHISON RD</i>	<i>TAMPA, FL 33625</i>

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 contained in Chapter 119, 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:

David W List *DAVID W. LIST*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/2007

Daytime Phone #

8136180490

jc 2/28