

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 NOV -5 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N02000009927

1. Corporation Name

GOOD SAMARITAN WORLD OUTREACH MINISTRIES, INC.

Principal Place of Business

1607 E. MAPLE AVE.  
TAMPA FL 33604

Mailing Address

P.O. BOX 17347  
TAMPA FL 33682

REINSTATEMENT 03



700024450087

11/05/03 01045 029 \*\*236.25

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

2. New Principal Office Address, If Applicable

RUBENIA NELSON  
Suite, Apt. #, etc.

1607 E. MAPLE AVE  
City & State

TAMPA Florida

Zip  
33604

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2002

5. FEI Number

57-1151-276

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
✓ P	RUBENIA NELSON	Pastor Sem Leo S/D	
	1607 E Maple Ave	7702 Rivergate Dr.	
	TAMPA, FLA 33604	MT 824 Tampa, FL	
		33619-4238	
	Vice-President V/P	Secretary S/D	

8. Name and Address of Current Registered Agent

NELSON, PAUL REV.  
1607 E. MAPLE AVE.  
TAMPA FL 33604

Mailing Address  
P.O. BOX 17347  
TAMPA, FL 33682

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

Paul Nelson P/D  
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

PAUL NELSON P/D  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #

(813) 245-3886

CR2E040 (7/03)