

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL -5 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005423

1. Corporation Name

Salvation Today ministries inc.

2. Principal Office Address

305 Tuscarora St
Lakeland, FL 33805

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33805

Country

USA

3. Mailing Office Address

305 Tuscarora St

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805

Country

USA

REINSTATEMENT 06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 2003

5. FEI Number

4338-1895-0051-4019

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

Auban C. Carter

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

305 Tuscarora St.

Suite, Apt. #, Etc

City

Lakeland

State

FL

Zip Code

33805

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

Auban C. Carter

REGISTERED AGENT MUST SIGN

Date 6-27-06

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
P	Auban C. Carter	305 Tuscarora St. Lakeland, FL 33805	Lakeland, FL 33805
V	Adeline A. Carter	305 Tuscarora St.	Lakeland, FL 33805
T	Shirley Gordon	915 West 13th St.	Lakeland, FL 33805

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07/12/06--01012--001 **236.25

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:

Auban C. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-06

Date

863-687-9364

Daytime Phone #