1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV -9 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007102

1. Corporation Name
ANGEL Ministries of Lake City Inc
421 NE Washington St

2. Principal Office Address	3. Mailing Office Address
421 NE Washington st	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State
Zip: 32055 Country: Columbia	Zip / Country

CR2E081 (8/05) 04-05

4. Date Incorporated or Qualified To Do Business in Florida: 8/18/2003

5. FEI Number: ☐ 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: Evangelist Minnie Williams
Street Address (P.O. Box Number is Not Acceptable): 421 NE Washington St
Suite, Apt. #, Etc.:
City: Lake City, FL. State: FL Zip Code: 32055

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: _____ Date: 11/9/2005
REGISTERED AGENT MUST SIGN

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
D	Evangelist Minnie Williams	421 NE Washington St	Lake City, FL 32055
D	Anthony Gomes	421 NE Washington St	Lake City FL 32055
D	Elder Robert Jackson	421 NE Washington st	Lake City FL 32055
D	Minister Mary Herring	421 NE Washington st	Lake City FL 32055
D	Minister Diane Bryant	421 NE Washington st	Lake City FL 32055

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 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: _____ Anthony Gomes 11/9/2005 (904) 766-9038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Angel Ministries of Lake City Inc.
421 N.E. Washington St
Lake City, Florida 32055

November 9, 2005

Dear Sirs:

As an officer and Director of Angel Ministries of Lake City, Inc. I hereby certify that we did not receive the renewal notices for 2004 or 2005.

Cathy Lamm for
Angel Ministries of Lake City, Inc.