

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N03000007528*

1. Corporation Name

REDEEMED & RESTORED MINISTRIES, Inc.

2. Principal Office Address

1105 SE 16th Terrace

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33990

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9-02-03

5. FEI Number

20-0208816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
(upon Certificate of Status)

7. Name and Address of Current Registered Agent

Name

William J. HORGAN

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

1105 SE 16th Terrace

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

William J. Horgan

Date *11-2-06*

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
P/D	<i>William J. HORGAN</i>	<i>1105 SE 16th Terrace</i>	<i>Cape Coral, FL 33990</i>
VP/S/D	<i>Catherine M. HORGAN</i>	<i>1105 SE 16th Terrace</i>	<i>Cape Coral, FL 33990</i>
T/D	<i>JACK H. LONG</i>	<i>2343 Burton Avenue</i>	<i>FT. Myers, FL 33907</i>

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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:

William J. Horgan - *William J. HORGAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-02-06

Daytime Phone #

1-239-722-5188