

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO3000009391
1. Corporation Name

FOG HELP NOW MINISTRIES

2. Principal Office Address 903 BOUGAINVILLE RD. E Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State LEHIGH ACRES, FL		City & State	
Zip 33936	Country LEE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/28/2003	
5. FEI Number 81-0639970	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name EWEN, JOAN REV.		
Street Address (P.O. Box Number is Not Acceptable) 903 BOUGAINVILLE RD. EAST Suite, Apt. #, Etc.		
City LEHIGH ACRES	State FL	Zip Code 33936

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: *Joan Ewen* Date: **3/7/2005**
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
P	EWEN, JOAN REV.	903 BOUGAINVILLE RD. E.	LEHIGH ACRES, FL. 33936
VP	EWEN, MICHAEL	903 BOUGAINVILLE RD. E.	LEHIGH ACRES, FL. 33936

REINSTATEMENT 04-05

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)(f), 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: *Joan Ewen* **JOAN EWEN, PRESIDENT** **3-7-05** **239-303-2255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #