

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO3000009391

1. Corporation Name

F O G HELP NOW MINISTRIES

2. Principal Office Address

903 BOUGAINVILLE RD. E

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

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 ☐

\$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
REGISTERED AGENT MUST SIGN

Date

3/7/2005

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN EWEN, PRESIDENT

Date

3-7-05

Daytime Phone #

239-303-2255