

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 30 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0400000559

1. Corporation Name

Heart For The Family Ministries

2. Principal Office Address - No P.O. Box #

5511 W. Colonial Dr

Suite, Apt. #, etc.

City & State

orlando FL

Zip

32805

Country

usa

3. Mailing Office Address

4521 cambium ct

Suite, Apt. #, etc.

City & State

orlando

Zip

32818

Country

usa

REINSTATEMENT 05-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/04

5. FEI Number

582683510

☒ 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

james chappelle

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

4521 cambium ct

Suite, Apt. #, Etc.

City

orlando

State

FL

Zip Code

32818

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 06/15/08

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
dir	Madeline Dixon	1069 S. Hiwassee Rd	orlando FL 32835
dir	Barbara Maye	1023 43rd street	orlando FL 332805
dir	Tony Hill	2025 10239 Eastmar commons	orlando FL 32825
Pres	James chappelle	4521 cambium ct	orlando FL 32818

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/15/08

Date

4074530909

Daytime Phone #