

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 AUG 27, A 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N04000007592**

1. Corporation Name

**Absolutely GOD Ministries, Int'l, Inc**

W09000032937

800160031078  
08/27/09--01047--008 \*\*307.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
7675 N 56th St.

3. Mailing Office Address  
P O Box 290291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33617

Country  
USA

Zip  
3687

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
83-0403154

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  
Nadine M B. Larose

Street Address (P.O. Box Number is Not Acceptable)  
6028 Black Dairy Rd

Suite, Apt. #, Etc.  
Lot #10

City  
Seffner

State Zip Code  
FL 33584

☒ 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

Date August 25, 2009

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
Pres	Nadine M B. Larose	6028 Black Dairy Rd Lot #10	Seffner, FL, 33584
Treas	Susannah Winters	10939 Old Hillsborough Ave	Tampa, FL 33610
Sec	Jacqueline C. Larose	6028 Black Dairy Rd Lot #10	Seffner, FL, 33584

**REINSTATEMENT**

05-09

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

8/25/2009

Date

813-784-2055

Daytime Phone #