

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 18 AM 7:11

DOCUMENT # N05000001320

1. Corporation Name

ALL NATIONS GLOBAL DISCIPLESHIP MINISTRIES, INC.

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

6720 BURLINGTON AV. N

Suite, Apt. #, etc. N/A

City & State

ST PETERSBURG, FLORIDA

Zip

33710

Country

U.S.A

3. Mailing Office Address PO Box 840

6860 GULFPORT BLVD.

Suite, Apt. #, etc. N/A

City & State

ST PETERSBURG, FLORIDA

Zip

33707

Country

U.S.A

300172552713
03/18/10--01039--027 **183.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2005

5. FEI Number

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

ANTHONY OLIVER

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

6720 BURLINGTON AVENUE NORTH

Suite, Apt. #, Etc N/A

City

ST PETERSBURG, FL.

State

FL

Zip Code

33710

☒ 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.

300172552713
03/18/10--01039--028 **8.75

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

Anthony Oliver

REGISTERED AGENT MUST SIGN

Date 03/16/10

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
DIRECTOR	ANTHONY OLIVER	6720 BURLINGTON AVE.	ST PETERSBURG, FL. 33710
DIRECTOR	JUDY OLIVER	6720 BURLINGTON AVE.	ST PETERSBURG, FL. 33710
DIRECTOR	PHILLIP OLIVER	6720 BURLINGTON AVE.	ST PETERSBURG, FL. 33710

B 3/22/10

REINSTATEMENT

08-10

10. E-mail Address: oliver_a67@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Anthony Oliver

ANTHONY OLIVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/16/10

Daytime Phone #

727 564-1338