

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 05000008786

1. Corporation Name

ARIEL INTERNATIONAL MINISTRY, INC.

100133224991
07/21/08--01053--021 **183.75

REINSTATEMENT
CR2E081-1207 06-08

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

1607 RIDGE POINTE DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 580538

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32808

Country

ORANGE

Zip

32858

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
32-0250390

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

SUZE BARRINGTON

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

1607 RIDGE POINTE DR

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32808

☒ 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 07/16/2008

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
DP	SUZE BARRINGTON	1607 RIDGE POINTE DR	ORLANDO, FL 32808
DT	JAMES, E. LEONTYNE	723 GIANT OAT LANE	ORLANDO, FL 32810
DS	RUBY BARRINGTON	6321 BROOKHILL CIR.	ORLANDO, FL 32810

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:

SUZE BARRINGTON

07/16/2008

407-218-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0. 12:01 JUL 21 2008

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Ariel International Ministry
P.O. Box 580538 Orlando, FL 32858

To: Division Of Corporations.


From: Suze Barrington

Date: 7/16/2008

To Whom It May Concern:

I hope the division will agree to reinstate Ariel International Ministry. I certified that the prior notices were not received and requesting the reinstatement fee will be waived. For more info please call 407-218-0838 thank you.

Yours truly,



Suze Barrington

Where Love is Felt, & Lives, are Being Change!