

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 10 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000000494**

1. Corporation Name

Spirit And Truth Ministry Inc.

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

810 Ada Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 569

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32060

Country

USA

City & State

Live Oak, FL

Zip

32064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0841790

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

DEC 10 2012

T. SCOTT

7. Name and Address of Current Registered Agent

Name **Alfonso C. Ross Sr**

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

810 Ada Street 152 Van Buren St

Suite, Apt. #, Etc.

City

Live Oak

State

FL

Zip Code

32060

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

Alfonso C. Ross Sr

REGISTERED AGENT MUST SIGN

Date **Aug-1st-2012**

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	Alfonso C. Ross Sr	152 Van Buren St.	Live Oak, FL 32064
T	Selena H. Nelson	612 Demorest St	Live Oak, FL 32064
UT	Jessie Marshall	1049 Scott St.	Live Oak, FL 32064

REINSTATEMENT 08-12

10. E-mail Address: **OmegaStone1@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Alfonso C. Ross Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-01-2012-386362-7870

Date

Daytime Phone #