

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 10, 2008 8:00 A.M.
Secretary of State

DOCUMENT # **NO6000001901**

1. Corporation Name

Recaptured Passion Ministries, Inc.

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

1502 Marsh Wood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

201 Bostwick Circle

Suite, Apt. #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

City & State

Vidalia, GA

Zip

30474

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/20/06

5. FEI Number

20-4462942

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

Jeffery H. McCormick, Sr.

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

1502 Marsh Wood Drive

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

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.

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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

Jeffery H. McCormick Sr.
REGISTERED AGENT MUST SIGN

Date **12/8/08**

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
P	Jeffery H. McCormick	201 Bostwick Circle	Vidalia, GA 30474
S	Esteban Taboada	642 Booker Ave	Lake Wales, FL 33853
T	William Boyte	3463 Hurlbut Circle	Lake Wales, FL 33898
D	Paul Gerrard	P.O. Box 648	Lake Wales, FL 33859
D	Sam Arthur	4449 Lake Buffum Rd	Lake Wales, FL 33859

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:

Jeffery H. McCormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/9/08** 912-245-4449
Daytime Phone #

12/11 00