

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 23 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06000010228**

1. Corporation Name

**Compassionate Hearts
Ministries, Inc.**

300136224253
09/22/08--01064--008 **122.50

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

4118 Woodland Cir.

3. Mailing Office Address

P.O. Box 894

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, Florida

City & State

Lake Helen, Florida

Zip

32724

Country

USA

Zip

32744

Country

USA

REINSTATEMENT 07-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9-29-06

5. FEI Number

68-0636863

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

Richard L. Springer

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

4118 Woodland Circle

Suite, Apt. #, Etc.

City

Deland, Florida

State

FL

Zip Code

32724

☒ 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

Richard L. Springer
REGISTERED AGENT MUST SIGN

Date **9-19-08**

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
Pres.	Richard L. Springer	4118 Woodland Circle	Deland, FL 32724
Vice Pres.	Joseph Gaines	3862 So. Atlantic Ave	Daytona Beach Shores, FL 32118
Sac/ Treas.	Sharon M. Springer	4118 Woodland Circle	Deland, FL 32724

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:

Sharon M. Springer
Sharon M. Springer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-08

Date

**(386) 785-
8095**

Daytime Phone #