

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000007505

1. Corporation Name

SEEKING GOD MINISTRIES, INC.

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

811 FOSTER AVENUE

Suite, Apt. #, etc

3. Mailing Office Address

PO BOX 2106

Suite, Apt. #, etc.

City & State

SEBASTIAN, FLORIDA

Zip

Country

32958

USA

City & State

VERO BEACH, FLORIDA

Zip

Country

32961

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/2007

5. FEI Number

N/A

☐ 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

SHELLEY A. NOWLIN

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

1573 DEWITT LANE

Suite, Apt. #, Etc

City

SEBASTIAN

State

FL

Zip Code

32958

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

Shelley A. Nowlin
REGISTERED AGENT MUST SIGN

Date 8-4-10

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
P	KARYN BRYANT	811 FOSTER AVENUE	SEBASTIAN, FLORIDA 32958
S	SHELLEY NOWLIN	1573 DEWITT LANE	SEBASTIAN, FLORIDA 32958
T	CYNTHIA ROLF	1450 WILLOW AVENUE	LA PUENTE, CALIF. 91746
		STATE	08-10

10. E-mail Address: KARYNSFAITH@PEOPLEPC.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:

Shelley A. Nowlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-4-10

Daytime Phone #

(772)
388-0416

SHELLEY A. NOWLIN