

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 JAN 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07000012286**

1. Corporation Name

Armed One's Ministry, INC

300215644783
12/29/11--01030--012 **236.25

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

1515 West 5th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sanford

Zip

Country

City & State

FL 32771

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 27, 2007

5. FEI Number

26-0530304

☐ 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

Willie Blount

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

1515 West 5th

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

REINSTATEMENT

11 only

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

Willie Blount

REGISTERED AGENT MUST SIGN

Date **12/26/2011**

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	Willie Blount	6103 Wyndham Crest	Sanford, FL 32773
APDT	Patricia Blount	6103 Wyndham Crest	Sanford, FL 32773

10. E-mail Address:

ArmedOnes1@aol.net

(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:

Willie Blount

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/2011

Daytime Phone #

(407) 283-1759 or
813 111-4500