

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09000002189

1. Corporation Name

Agatha Taylor International Ministries Inc

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

2829 HOPE STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

US

3. Mailing Office Address

2829 HOPE STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

US

100193662271
02/03/11--01003--003 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2009

5. FEI Number

☐ 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

AGATHA TAYLOR

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

2829 HOPE STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

100193662271
02/28/11--01019--001 **70.00

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

Agatha Taylor

REGISTERED AGENT MUST SIGN

Date **02/02/11**

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 | AGATHA TAYLOR | 2829 HOPE STREET | SARASOTA, FL 34231 |
| VP | MANSA TAYLOR | 2829 HOPE STREET | SARASOTA, FL 34231 |
| S | DOROTHY HILL | 1935 EDGEWATER DRIVE | SARASOTA, FL 34231 |
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JAN 28 2011

EXAMINER

10. E-mail Address: **GYASITAYLOR@GMAIL.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:

Agatha Taylor **Agatha Taylor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/11

Date

Daytime Phone #

9419242385