

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 29 PM 3 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000010101

1. Corporation Name

Tall Ministries, Inc

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

2330 Simms St

3. Mailing Office Address

2330 Simms St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

US

Zip

33020

Country

US

CR2E091 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-0201016

☒ 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

Tahirah Singleton

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

2330 Simms St

Suite, Apt. #, etc.

City

Hollywood

State

FL

Zip Code

33020

REINSTATEMENT

10-11 RL

000215654600

12/29/11--01036--015 **297.50

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

Tahirah Singleton

Date 122911

REGISTERED AGENT MUST SIGN

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
PD	Timothy Lightbourn	2652 Fletcher Ct	Hollywood FL 33020
VD	Linda Lightbourn	2652 Fletcher Ct	Hollywood FL 33020
D	Palma Hutchinson	115 Barlett Cir NE	Cleveland TN 37312
P	Timothy Johnson	P.O. Box EE-15415	St. Andrews Bch Est. Nassau Bahamas
D	Deanne Johnson	P.O. Box EE-15415	St. Andrews Bch Est. Nassau, Bahamas
T	Sheldon Barnes	3010 LA Mirage Dr	Lauderhill, FL 33319

10. E-mail Address: timlindasguy@aol.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:

Tahirah Singleton

122911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #