

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 AM 8:00

DOCUMENT # N10594

1. Corporation Name

TEEN TRANSFORMATION MINISTRIES, INC.

Principal Place of Business

Mailing Address

1227 VAN ARSDALE RD.
OVIEDO FL 32765

1227 VAN ARSDALE RD.
OVIEDO FL 32765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1985

5. FEI Number

59-2643016

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer and one director)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State
PD	RICHARDSON, B RAY	1227 VAN ARSDALE RD	OVIEDO FL
VD	RICHARDSON, JANE	1227 VAN ARSDALE RD.	OVIEDO FL
S	WALDHEIM, EDDIE C., JR.	101 OAKLEIGH DRIVE	MAITLAND FL
VP	MCLAIN, DARYL	3500 CELERY AVENUE	SANFORD FL 32771
T	JOSEPH, GEORGE	5055 DOWN POINTE LANE	WINDERMERE FL 34786
VP	FREEMAN, GREG	5450 CARTER ROAD	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

RICHARDSON, B RAY
1227 VAN ARSDALE RD.
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

B. Ray Richardson PRESIDENT
REGISTERED AGENT MUST SIGN

Date March 29, 2004

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

B. Ray Richardson B. Ray Richardson March 29, 2004 407-620-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/03)