

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12000006453**

1. Corporation Name

INTERVENTION MINISTRIES, INC.

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

5236 BOGDONOFF DR

Suite, Apt. #, etc.

N/A

City & State

SEFFNER FL.

Zip

33584

Country

U.S.A.

3. Mailing Office Address

P.O. Box 456

Suite, Apt. #, etc.

N/A

City & State

SEFFNER FL

Zip

33583

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

LINTON WESTCARR

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

5236 BOGDONOFF DR

Suite, Apt. #, etc.

N/A

City

SEFFNER

State

FL

Zip Code

33584

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

MAR 9/2015

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
MIKE	MIKE COKER	507 E. COMANCHE AVE	TAMPA FL 33604
D	MARK McLEAN	8336 PADDLEWHEEL ST,	TAMPA FL 33637
D	LINTON WESTCARR	5236 BOGDONOFF DR	SEFFNER FL 33584
	REINSTATEMENT		S. HAWKES
	2014-2015		MAR 19 A.M.
			EXAMINER

10. E-mail Address: **TONYWESTCARR@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:

[Signature] **LINTON WESTCARR**

Date

MAR 9/2015

Daytime Phone #

OFFICE #: 813 3438700

FILED
15 Feb 12 PM 12:39
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2012

5. FEI Number

45-2863070

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

900269445629
02/12/15--01003--020 **70.00

900269445629
03/17/15--01036--005 **227.50

MEMO

FILING CANCELLED
RETURNED CHECK

To: Ms. Suzanne Hawkes

Regulatory Specialist II

Division of Corporations

P.O.Box 6327

Tallahassee, Fl, 32314

Re: Intervention Ministries, Inc.

Ref. Number: N12000006453

Hello and how are you ? Hoping all is well.

I just wanted to apologize for the delay in getting this back to you. I wanted to send you a money order or a currently dated check with this letter rather than a post-dated check for March 31st, 2015.

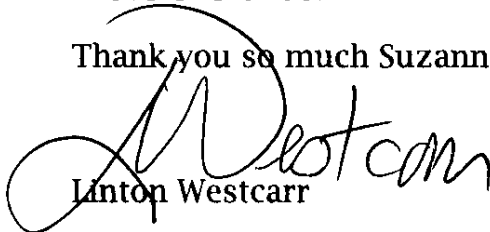
I am funding the ministry from my personal income.

My employer made a huge mistake with my time sheet, so I do not have the cash that I thought I would have, to make this payment. I have to wait for the next paycheck which is March 31st. I am asking if you could hold this check and put it on March 31st.

We are just trying to help some homeless folks in Seffner, stay alive.

Please do not hesitate to call, if you need to speak with me. The office number is 813-343-8700.

Thank you so much Suzanne.



Linton Westcarr