

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25104**

1. Corporation Name

Youth Ministry Resources, Inc.

2. Principal Office Address - No P.O. Box #
35 Old Canton St

Suite, Apt. #, etc.

City & State
Alpharetta, GA

Zip
30004

Country
USA

3. Mailing Office Address
PO Box 86

Suite, Apt. #, etc.

City & State
Chipley, FL 32428

Zip
32428

Country
USA

7. Name and Address of Current Registered Agent

Name
Roger L Laney III EA

Street Address (P.O. Box Number is Not Acceptable)
1378 N Railroad Avenue

Suite, Apt. #, Etc.

City
Chipley

State
FL

Zip Code
32428

4. Date Incorporated or Qualified
To Do Business in Florida **03/01/1988**

5. FEI Number
59-2874151

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **1-26-2007**

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
P	LANNY DONOHO	170 COBBLESTONE ROAD	ALPHARETTA, GA 30004
D	MIKE KENDRICK	15060 FREEMANVILLE ROAD	ALPHARETTA, GA 30004
D	STEVE KALOPER	611 GLENOVER DRIVE	ALPHARETTA, GA 30004
D	ANDREW WEXLER	940 PEBBLESTONE CT	ALPHARETTA, GA 30004
D	DAVID ETHERIEDGE	327 DAHLONEGA STREET SUITE 1001	CUMMING, GA 30040
CFO	ROGER L LANEY III	1649 FALLING WATERS ROAD	CHIPLEY, FL 32428

10. 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 contained in Chapter 119, 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:

ROGER L LANEY III

1-26-2007

850-638-4961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

721/31