

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27483

1. Corporation Name

FOLLOWSHIP MINISTRIES, INC.

Principal Place of Business

P.O. BOX 362
FT. PIERCE FL 33495
US

Mailing Address

P.O. BOX 362
FT. PIERCE FL 34954
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1988

Suite, Apt. #, etc.

4591 Whispering Pine

Suite, Apt. #, etc.

4591 Whispering Pine

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

Zip 34982

Country St Lucie

Zip 34982

Country St Lucie

5. FEI Number

65-0084867

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 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DESCHENE, BERTRAM	4591 WHISPERING PINES LN	FT. PIERCE FL
VTD	DESCHENE, DARLENE	4591 WHISPERING PINES LN	FT. PIERCE FL
SD	WALKER, RICHARD	2023 ST. LUCIE BLVD #113	FT. PIERCE FL
			200002047922--4 -01/07/97--01081--016 ****375.00 ****375.00
			JB1-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESCHENE, BERTRAM
4591 WHISPERING PINE LN.
FT. PIERCE FL 34982

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.

Signature of
Registered Agent

BERTRAM DESCHENE

Date 12/10/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(j), 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:

BERTRAM DESCHENE

12/10/96 561 466 2206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20040 (7/95)