

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 SEP 11 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34255

1. Corporation Name

Resurrection Ranch Ministries Inc.

2. Principal Office Address

5925 Old Dixie Hwy

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip
32940

Country
USA

3. Mailing Office Address

427 Timberlake Dr.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip
32940

Country
USA

REINSTATEMENT

1997-2006

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1989

5. FEI Number

59-2981892

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

Francis M Bradley

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

427 Timberlake Drive

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code
32940

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

Francis M Bradley
REGISTERED AGENT MUST SIGN

Date

8/31/2006

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	Arlene Coulter	5925 Old Dixie Hwy	Melbourne, FL 32940
VSD	Frank Bradley	427 Timberlake Drive	Melbourne, FL 32940
D	Don Lees	745 Greenwood Manor	West Melbourne, FL

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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:

Arlene Coulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/06

Date

3212594970

Daytime Phone #