


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 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34266**

1. Corporation Name

CINDY ROBERTS MINISTRIES, INC.

Principal Place of Business

% DAVID E. ROBERTS
40 W PAR ST
ORLANDO FL 32804

Mailing Address

% DAVID E. ROBERTS
40 W PAR ST
ORLANDO FL 32804

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1989

5. FEI Number

59-3021164

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).

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
D	ROBERTS, DAVID E.	40 WEST PAR STREET	ORLANDO FL
D	ROBERTS, CYNTHIA C.	40 WEST PAR STREET	ORLANDO FL
D	MOORE, SARAH	1347 ROOSEVELT AVENUE	ORLANDO FL 32804
D	WHITE, ROBERT A	2408 GRIFFIN COURT 16635 WILSON PARADISE ROAD	ORLANDO FL 32761 ORLANDO, FL 32784
	WHIPPLE, DANNY	4504 CRIMSON COURT	ORLANDO FL 32808

8. Name and Address of Current Registered Agent

ROBERTS, DAVID E.
40 W PAR ST
ORLANDO FL 32804

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.

Signature of
Registered Agent

David E. Roberts
REGISTERED AGENT MUST SIGN

Date **12/30/96**

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)(f), 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:

David E. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/96

407-894-8171

OR2040 (7/96)