

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 20 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N35217**

1. Corporation Name

**OPEN ACR CAMPAIGNERS -  
OVERSEAS MINISTRIES, INC.**

000162183230  
10/26/09--01064--012 \*\*253.75

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

**531 SIDE CREEK LN.**

3. Mailing Office Address **ATTN: DAVID WILSON**

**531 SIDE CREEK LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL**

City & State

**ST. AUGUSTINE, FL**

Zip

**32084**

Country

**ST. JOHNS**

Zip

**32084**

Country

**ST. JOHNS**

**REINSTATEMENT 06-09**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Nov. 13, 1989**

5. FEI Number

**65-0165028**

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

**DAVID WILSON**

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

**531 SIDE CREEK LN.**

Suite, Apt. #, Etc.

City

**ST. AUGUSTINE**

State

**FL**

Zip Code

**32084**

☒ 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

*David Wilson*

Date

**10/22/09**

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	DAVID WILSON	531 SIDE CREEK LN.	ST. AUGUSTINE, FL 32084
T	JEFF MILLER	514 BROOKESHYAE CT.	WOODSTOCK, GA 30188
S	DEBI TURNER	3544 MEADOWCHASE DR.	MARIETTA, GA 30062
VP	CHIP WELTON	P.O. Box 4127,	THREE FOLLS, AB. CANADA TOM ZNO
C	FRANK TOMBERLIN	10695 TUXFORD DR.	ALPHARETTA, GA 30022
MOB	JOHN PUSHER	4015 DEVEREUX CHASE	ROSWELL, GA 30075

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 correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*David Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/19/09**

Date

**904-827-9715**

Daytime Phone #