

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPT.
Glenda L.
Secretary of
DIVISION OF CORPORATIONS

DOCUMENT # N37058

1. Corporation Name

LABORERS AND HARVESTORS MINISTRIES, INC.

Principal Place of Business

Mailing Address

1005 N. ROSE STREET
P.O. BOX 775
LAKE HAMILTON FL 33851-0775

1005 N. ROSE STREET
P.O. BOX 775
LAKE HAMILTON FL 33851-0775

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1990

5. FEI Number

59-2914896

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	4 City / State / Zip
D	WILSON, CLARISSA	1034 N ANDERSON AVE	LAKELAND FL 33805
D	JONES, ANTHONY J	2184 66TH AVE S	SAINT PETERSBURG FL 33712
D	WILSON, EMORY	1034 N. ANDERSON AVE.	LAKELAND FL 33805
D	JONES, LYNDIA K	2184-66TH AVE S	SAINT PETERSBURG FL 33712

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, EMORY
1034 N ANDERSON AVENUE
LAKELAND FL 33805

Name

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

Suite, Apt. #, etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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)(i), 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:

Emory Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

Date

Daytime Phone #

727 423-2787



REINSTATEMENT

03-04

FILED
04 JAN 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED40 (7/03)