PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N42556

1. Corporation Name

STOREHOUSE MINISTRIES OF OCALA, INC.

W09- 55136

REINSTATEMENT 98-05

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14385 SE 145TH AV	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEIRSDALE, FL	City & State
Zip: 32195 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3-19-91

5. FEI Number: 59-3056348 ☐ 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: KAREN A. ADAMS

Street Address (P.O. Box Number is Not Acceptable): 14385 SE 145TH AV

Suite, Apt. #, Etc.

City: WEIRSDALE State: FL Zip Code: 32195

☐ 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: Karen A. Adams Date: 17 DEC. 2009

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
PRES.	MARGARET E. SPIERS	5930 SE 5TH PL	OCALA, FL 34472
VP	JUDY JOHNSON	14400 S. HWY 25	WEIRSDALE, FL 32195
SEC/TREAS.	KAREN A. ADAMS	14385 SE 145TH AV	WEIRSDALE, FL 32195

12/30

10. E-mail Address: kaagrits@comcast.net
(To be used for future annual report notification)

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. I further certify, 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: Karen A. Adams 17 DEC. 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #