

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44226**

1. Corporation Name

DESTINY MINISTRIES, INC.

Principal Place of Business

2511 NORTH GRADY
TAMPA FL 33607

Mailing Address

2511 NORTH GRADY
TAMPA FL 33607

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1991

5. FEI Number

59-3065917

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WHITE, DR. RANDY	3806 SAN PEDRO	TAMPA FL
STD	WHITE, PAULA	3806 SAN PEDRO	TAMPA FL
D	MCGINNIS, RUTH	3704 WALLACE AVE.	TAMPA FL

8. Name and Address of Current Registered Agent

WHITE, RANDY
4110 HIGHLAND PARK CIR.
LUTZ FL 33549

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. I certify that I am an officer or director on 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)

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WITHOUT WALLS
INTERNATIONAL CHURCH INC.
2511 Without Walls International Place, Tampa, FL 33607

Norva Carrington
Chief Financial Officer
Destiny Ministries, Inc.

Glenda E. Hood
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

In April we sent check number 14289 in the amount of \$61.25, which cleared our account on May 19, 2003, along with the annual report/uniform business report. We received your letter dated May 20, 2003 stating that we are required to have three directors or trustees. We made the necessary corrections and mailed the corrected form back to you on May 29, 2003. We received a second letter from your office dated June 6, 2003 in which we attached another copy of the corrected form and resubmitted the application to you.

We have now received a Notice of Administration Dissolution or Revocation. We are completing and returning the required application for reinstatement. However, we do not believe that we owe the reinstatement fee of \$175.00 since we responded in a timely manner to each of your request in addition to already paying the \$61.25 in April.

We are requesting that you waive the reinstatement fee of \$175.00 for the reasons outlined above.

Sincerely,

Norva Carrington
Chief Financial Officer
Destiny Ministries
813-879-4673 ext. 224