

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N45388**

1. Corporation Name

**HANDS OF CHRIST MINISTRIES, INC.**

Principal Place of Business

8437 GARDNER RD.  
TAMPA FL 33625  
US

Mailing Address

8437 GARDNER RD.  
TAMPA FL 33625  
US

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 To Do Business in Florida

5. FEI Number

59-3089624

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
PD	HAYHURST, JOHN D. (REV)	% 6418 MOSS WAY 8437 GARDNER RD	TAMPA FL 33625
VD	MOSCHOS, STEFANOS	% 6418 MOSS WAY 120 Carlyle Cir	TAMPA FL Palm Harbor Fl. 33462
D	MCINNIS, RICHARD	8327 ARCHWOOD CIR	TAMPA FL 33615
SD	HAYHURST, IRMA J.	8437 GARDNER RD.	TAMPA FL 33625
D	MESSERSMITH, RAY ETHLINE R. Williams	8437 GARDNER RD. 7605 Osborne	TAMPA FL 33615

8. Name and Address of Current Registered Agent

HAYHURST, JOHN D.  
6418 MOSS WAY  
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

11-10-99

REGISTERED AGENT MUST SIGN

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:

*John D. Hayhurst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-99

813-926-0460

813-901-0423

Daytime Phone #

FILED

99 NOV 15 PM 7:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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