

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 5:24

DOCUMENT # **N45388**

1. Corporation Name

**HANDS OF CHRIST MINISTRIES, INC.**

Principal Place of Business

Mailing Address

8437 GARDNER RD.  
TAMPA FL 33625  
US

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3089624

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐ ☐

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)	8437 GARDNER RD.	TAMPA FL 33625
VD	MOSCHOS, STEFANOS	120 CARLYLE CIR	PALM HARBOR FL 34682
D	MCINNIS, RICHARD	8327 ARCHWOOD CIR	TAMPA FL 33615
SD	HAYHURST, IRMA J.	8437 GARDNER RD.	TAMPA FL 33625
D	WILLIAMS, ETHUNE R	7605 OSBORNE	TAMPA FL 33615

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYHURST, JOHN D.  
6418 MOSS WAY  
TAMPA FL 33625

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 of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Oct 23, 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 23, 2000

Date

813-901-0423

Daytime Phone #

(2)

Oct 23, 2000

To Whom it may concern,

After speaking to one of your representatives, I found out that in August of 2000, there was a discription in our check, which we mailed for our Corp.

Your representative told me to resubmit our check for \$61.25 and to enclose this letter. This would bring everything current & our Corp. would not dissolve & we would not have to pay more.

Thank you for your time & patience.

Ima Jaybird  
S/D.

Doc # N45388

Hands of Christ Min.

8437 Gardner Rd

Tampa FL 33625