

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700093759357
03/20/07--01016--002 **253.75

DOCUMENT # N46939

1. Corporation Name

NetWork Ministries Inc.

2. Principal Office Address - No P.O. Box #

1237 Talbot Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1237 Talbot Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

Leon

Zip

32308

Country

Leon

REINSTATEMENT

CR2E081 (1/07)

0407

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-1992

5. FEI Number

59-3106602

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

Tracy Britton

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

1237 Talbot Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☒ 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

Tracy Britton

REGISTERED AGENT MUST SIGN

Date 3-15-07

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
P	George Britton	1237 Talbot Ave	Tallahassee, FL 32308
VP	Stephen Birch	1434-C Fisher Lane	Tallahassee, FL 32301
S	Tracy Britton	1237 Talbot Ave	Tallahassee, FL 32308

K. Eckel MAR 15 2007

10. 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 contained in Chapter 119, 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:

Tracy Britton Tracy Britton

3-15-07

Date

850-402-1199

Daytime Phone #