

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR 10 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9200000639

1. Corporation Name  
BRIAN ARNER MINISTRIES, INC.

Principal Place of Business  
1861 LAKE AVENUE SOUTH  
CLEARWATER FL 34616

Mailing Address  
1861 LAKE AVENUE SOUTH  
CLEARWATER FL 34616

REINSTATEMENT 015-910

If above addresses are incorrect in any way, file 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 12/04/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PO	ARNER, BRIAN D	1861 LAKE AVES SOUTH	CLEARWATER FL 34616
STD	ARNER, PENNI G	1861 LAKE AVES SOUTH	CLEARWATER FL 34616
TO	BERARD, PAUL	1801 IDLE DR	CLEARWATER FL 34616

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-03/11/97--01133--015  
\*\*\*\*358.75 \*\*\*\*358.75

3/10/97

8. Name and Address of Current Registered Agent WILLISON, MICHAEL H 1125 U.S. HWY 98, SOUTH SUITE 201 LAKELAND FL 33801		9. Name and Address of Registered Agent Name: MICHAEL H. WILLISON, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2033 E. EDGEWOOD DR Suite, Apt. #, Etc.: City: LAKELAND, FL State: FL Zip Code: 33803	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0635, F.S.  
Signature of Registered Agent: [Signature] Date: 2/19/97  
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] DATE: 2-22-97 813 586-4025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR