

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N93000000564

1. Corporation Name

SONSHINE GOSPEL MINISTRIES INC.

Principal Place of Business

18951 U.S. 301 NORTH  
DADE CITY FL 33525  
US

Mailing Address

13641 S 14TH STREET  
DADE CITY FL 33525  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1993

5. FEI Number

59-3238910

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	JORGE OLIVERA	37327 SAFARI DRIVE	DADE CITY FL
D	BRUSH, KIMBERLY E	12924 JUDY ST.	DADE CITY FL 33525
D	RIVERA, JULIO	37330 SAFARI DR	DADE CITY FL 33525
D	SHELTROWN, ROSE MARIE	39845 SUNBURST DR.	DADE CITY FL 33525
D	SERANO <del>DAVID</del> DELETE	420 WEST OAKRIDGE RD	ORLANDO FL 30982
D	ZAYAS, RALPH	16030 CIEFTAN DR	DADE CITY FL 33525

8. Name and Address of Current Registered Agent

STEPHENS, SAMMIE  
13641 S. 14TH ST.  
DADE CITY FL 33525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002349322- -2

-11/17/97 State 118 Code 005

\*\*\*\*236 FL \*\*\*\*236.25

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

*Sammie Stephens*

THE REGISTERED AGENT MUST SIGN

Date 11-7-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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:

*Jorge Olivera* President *Joseph A. Brush*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-97

Date

352-567-6599  
Daytime Phone #

FILED

97 NOV 13 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 9700

CR2040 (8/97)