

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -2 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000564**

1. Corporation Name

Sonshine Gospel Ministries, Inc.

2. Principal Office Address

12924 Judy St.

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip

33525

Country

USA

3. Mailing Office Address

13641 S. 14th St.

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip

33525

Country

USA

REINSTATEMENT

99-10

**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. Name and Address of Current Registered Agent

Name

Sammie Stephens

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

13641 S. 14th St.

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

600003307976-9

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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

Sammie Stephens

REGISTERED AGENT MUST SIGN

Date *06-01-00*

LS

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 | Jerald A. Brush Jr. | 12924 Judy St. | Dade City, FL 33525 |
| VP | Jorge Olivera | 37327 Safari Dr. | Dade City, FL 33523 |
| D | Kimberly Brush | 12924 Judy St. | Dade City, FL 33525 |
| D | Rose Marie Sheltroun | 39845 Sunburst Dr. | Dade City, FL 33525 |
| D | Dean Patrick Pardee | 39845 Sunburst Dr. | Dade City, FL 33525 |

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 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:

Jerald A. Brush Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-01-00

Date

352-567-6599

Daytime Phone #