

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 2:20

DOCUMENT # **N93000001897**

1. Corporation Name

CHRIST MINISTRIES, INCORPORATED
P.O. BOX 681803
ORLANDO, FL 32868-1803

2. Principal Office Address

3. Mailing Office Address

3281 Soho STREET

P.O. Box 681803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32835

USA

32868-1803

USA

REINSTATEMENT

01

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/1993

5. FEI Number

65-0404671

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

REV. EARL W. CARTER SR.

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

3281 Soho STREET

Suite, Apt. #, Etc.

SUITE 203

City

ORLANDO, FL

State

FL

Zip Code

32835

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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

Rev. Earl W. Carter Sr.

Date **10-01-01**

REGISTERED AGENT MUST SIGN

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
PD	EARL W. CARTER SR.	3281 Soho St. #203, ORL, FL	32835
VPA	BEVERLY A. CARTER	3281 Soho St. #203, ORL, FL	32835
D	MINNIE L. FLOWERS	4875. 35 TH AVE. VERO BEACH, FL	32967
AD	WILLIAM CHAMPION	2650 N. COMANCHE PT, CRYSTAL RIVER, FL	34429
DM	RODRICK R. HENNING	290 TROYDEL WAY, WILLIAMSVILLE, NY	14221

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY CARTER **10/01/01** **407-313-6330**

Date

Daytime Phone #

407-595-0139

CR2E081 (9/00)