

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

94-00
CORPORATION
REINSTATEMENT



DEPARTMENT OF STATE
Terine Harris
Secretary of State
CORPORATIONS

FILED

01 JAN -2 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

John J. Wagner Ministries, Inc.

2. Principal Office Address

11000 Stirling Road

Suite, Apt. #, etc.

City & State

Cooper City, Florida

Zip

33328

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

94-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/93

5. FEI Number

22-3114797

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

John J. Wagner

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

11000 Stirling Road

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33328

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

REGISTERED AGENT MUST SIGN

Date 12-22-2000

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
Dir	John J. Wagner	11000 Stirling Road	Cooper City, FL 33328
Dir	Margie Wagner	11000 Stirling Road	Cooper City, FL 33328
Dir	Raul Cordero	11000 Stirling Road	Cooper City, FL 33328

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

John J. Wagner, Director

Date

12/22/00

Daytime Phone #

CR2E081 (3/99)