


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N9300003504

1. Corporation Name

O. A. C. Ministries, Incorporated

2. Principal Office Address

1203 Olive Avenue

3. Mailing Office Address

P.O. Box 1509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford FL

City & State

Apopka, FL

Zip

32771

Country

USA

Zip

32712

Country

USA

REINSTATEMENT 98-10

4. Date Incorporated or Qualified To Do Business in Florida

08/02/1993

5. FEI Number

59-3203867

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

Orestes A. Cobb, Sr.

800003496958-6

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

1205 W. 12th Street

-12/12/00--01046--011

****385.50 ****385.50

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

Orestes A. Cobb

REGISTERED AGENT MUST SIGN

Date 10/28/2000

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
P.C.D	Orestes A. Cobb, Sr.	1205 W. 12 th Street	Sanford, FL 32771
V.D	Jennifer T. Cobb	1205 W. 12 th Street	Sanford, FL 32771
T.D	Belinda Bell	P.O. Box 620673	Oviedo, FL 32762
D	Michael Oliver	1160 Harrison Street	Oviedo, FL 32765
S.D	Nicole Martin	407 Day Gap Pike # 3	Knoxville, TN 37912

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 taxes 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:

Nicole M. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 November 2000 (865)687-9241

Date

Daytime Phone #

CR2E081 (9/99)