

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005066**

1. Corporation Name

RESTORATION MINISTRIES OF RECONCILIATION, INC.

Principal Place of Business

Mailing Address

1732 NW 2ND AVE
OCALO FL 34478

PO BOX 5687
OCALO FL 34478

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

11/10/1993

5. FEI Number

65-0527042

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	EVANS, ANN	3735 W. 125TH LANE	CITRA FL 32668
VD	EVANS, KEITH T	172 NW 2ND AVE	OCALA FL 34478
TD	BAYNE, LILIA	236 E. 54TH ST.	BROOKLYN NY 11203
SD	EVANS, JAMES I SR	3735 NW 125TH LANE	OCALA FL 32668

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11/13/03 01045 002 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EVANS, ANN
3735 W. 125TH LANE
OCALA FL 32113

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Dr. Ann Evans

REGISTERED AGENT MUST SIGN

Date

11/17/2003

11. 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:

Dr. Ann Evans - Dr. Ann Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/2003

Daytime Phone #

CR2E040 (7/03)