	PLEASE READ A	LL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION • FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # N9300005493 1. Corporation Name LION'S ROAR MINISTRIES, INC.					97 OCT 28 AM 8: 50		
	ace of Business	98S	· · · · · · · · · · · · · · · · · · ·		16/29		
GLERMONT-FL-94711 G			805 FORESTWOOD DR GLERMONT FL-34711 US-				
301 N. Tubb St. P.C. Suite, Apt. #, etc. Suite, Ap			alling Office Address, If Applicable Box 751 #, etc.		Date Incorporated or Qualified To Do Business In Florida 12/07/1993 Applied For		
Oakland, F) O.		Z ip	Skland, Fl Country 4760 US		59-3213754 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
	and Street Addresses of Each Officer and/o		rida nonprofit corpora	tions must list at lea			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
10 - V D	VAN WAGNER, RICK	805 FORESTWOOD DR			CLERMONT FL 34711		
VD	PHILIPS, JEFF	1792 CHILEAH LN			WINTER PARK FL 32792		
ST, T	YAUN, RAD	805 FORESTWOOD DR			CLERMONT FL 34711		
PD Braland, David			1015 Glensprings Ave.			Winter Garden F134787	
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				,		*****C30.C3 ****C30.C3	
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered Agent	
805 FC	er, rick van Drestwood dr Iont Fl 34711	Braland, David Street Address (P.O. Box Number is Not Acceptable) 1015 (Slensprings Ave. Sulte, Apt. #, Etc.					
10. I, being appointed the registered agent of the above named corporation, am familia				City Winter Garden State Zip Code FL 34787			
10. I, being Signature of Registered	Agent David Cf.	Bh	pration, am familiar wi	th and accept the of	bligations of Secti	on 607.0505, F.S. Date	
	is corporation owes or ha angible Personal Property			ar Yes 🗹	No 🗆	(See other side for information on intangible tax.)	

12. 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: SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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