

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 2:02

DOCUMENT # N94000000571

1. Corporation Name

SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINIS
TRY, INCORPORATED

SECRETARY OF STATE
900009922809
01/07/03 01067-007 **245.00

Principal Place of Business

P.O. BOX 552124
CAROL CITY FL 33055-1024

Mailing Address

P.O. BOX 552124
SUITE 100
CAROL CITY FL 33055-1024



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7100 FAIRWAY DRIVE

Suite, Apt. #, etc.

APT K-2

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. New Mailing Office Address, If Applicable

P.O. BOX 2103

Suite, Apt. #, etc.

City & State

NORCROSS, GA.

Zip

30091

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1994

5. FEI Number.

65-0491594

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
D	MAGWOOD, TRACY B	PO BOX 2103	NORCROSS GA 30091
VP/D	LUMPKIN, ANGELO SARAH	2408 SW 61 AVENUE 7100 FAIRWAY DRIVE, APT K-2	MIRAMAR FL 33023 MIAMI LAKES, FL 33014
D	PALMER, MICHAEL J MCINTOSH, TAMMY	2408 SW 61 AVE 6641 SW 20TH ST	MIRAMAR FL 33023
D	PALMER, PAMELA C WILLIAMS, ROSEMARY	255 HONEYSUCKLE CIRCLE APT# 106 PO BOX 552124	LAWRENCEVILLE GA 30045 MIAMI FL 33055
D	MAGWOOD, ANTONIO S	PO BOX 2103	NORCROSS GA 30091
Please Delete, This org only has 5 directors & has been confused w/ Saints on the Move for Christ, Inc	LUMPKIN, SARAH ANGELO	2409 SW 61 AVENUE 7100 FAIRWAY DRIVE, APT K-2	MIRAMAR FL 33023 MIAMI LAKES, FL 33014

8. Name and Address of Current Registered Agent

STEWART, GERALD B
505 N LIBERTY ST
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

LUMPKIN, ANGELO

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

7100 FAIRWAY DRIVE

Suite, Apt. #, Etc.

APT K-2

City

MIAMI LAKES

State

FL

Zip Code

33014

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

Angelo Lumpkin
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/31/02

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:

Antonio S. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 30, 2002 404 363 2490
Date Daytime Phone #

CR20040 (8/02)