

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 11 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002438 (9)

1. Corporation Name

FAMILY EDUCATION & HEALTH MINISTRY, INC.

Principal Place of Business

Mailing Address

1220
1220 OAK HAVEN DRIVE 1220 OAK HAVEN DR
ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL
32714 32714

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

05/11/1994

5. FEI Number

59-3235723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Addresses of Officers and Directors (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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/C/D	COOPER, GEORGE B.	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS, FL 32714
N/D	DILLER, CLARENCE A.	1220 OAK HAVEN DR.	" " " "
E-V/D	MOUNCE, DON A.	1220 OAK HAVEN DR.	" " " "
T/S/D	TERRY, LEN	" " " "	" " " "
H/D	SHIASSI, SAHAMEDDIN	" " " "	" " " "
D/H	SAHAMEDDIN, SAHAMEDDIN	" " " "	" " " "
M/D	CARUSO, DEANNA	" " " "	" " " "
M/D	IVANOV, STOYAN	1883 LEE ROAD	WINTER PARK, FLA 32789

8. Name and Address of Current Registered Agent

PASTOR GEORGE B. COOPER
F.E.H.M.
1220 OAK HAVEN DRIVE
ALTAMONTE SPRINGS, FLA
32714

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Bernard Hooper
REGISTERED AGENT MUST SIGN

Date 22 MAY 98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Bernard Hooper (GEORGE B. COOPER) 22 MAY '98 (407-862-1547)
/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR