

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002438

1. Corporation Name

AMILY EDUCATION & HEALTH MINISTRY INC.

Principal Place of Business

Mailing Address

1220 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32714

1220 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 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

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3235723

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	COOPER, GEORGE B	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS FL 32714
VD	DILLER, CLARENCE A	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS FL 32714
TSD	TERRY, LEN	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS FL 32714
EVD	MOUNCE, DON A	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS FL 32714
AD	CHIASSI, SAHAMEDDIN GADE, JOHN	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS FL 32714
ATD	CARUSO, DEANNA HILL, MITTIE	1220 OAK HAVEN DRIVE	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOPER, GEORGE B
1220 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32714

Name

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

Suite, Apt. #, Etc.

City

8000003169838-6

-03/14/00--01119--001

****306.25 ****306.25

State

Zip Code

FL

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

George Bernard Cooper
REGISTERED AGENT MUST SIGN

Date 5 March 2000

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:

George Bernard Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

5 March 2000 407-82-1547

CR2E040 (8/99)