

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

96 NOV 12 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002464**

1. Corporation Name

C. A. N. MINISTRIES, INC.

Principal Place of Business

1040 MANGROVE DRIVE
WESLEY CHAPEL FL 33544

Mailing Address

0646 MANGROVE DR
WESLEY CHAPEL FL 33544
US

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

2. New Principal Office Address, If Applicable
1646 MANGROVE DRIVE

Suite, Apt. #, etc.
WESLEY CHAPEL

City & State
FLORIDA

Zip
33544

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1984

5. FEI Number

50-3240872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	CLAXTON-WOODS, THEOLINDA	0646 MANGROVE DRIVE	WESLEY CHAPEL FL
VC	BROWN, PHILLIP M.	17644 DOGWOOD DRIVE	WIZ FL
D	PARKER, RUTHAN C	6360 TULIP DRIVE	WESLEY CHAPEL FL 33544
D	RUSSO, EDWARD J.	27336 GOLDEN MEADOW BLVD	WESLEY CHAPEL FL 300002008703-4
S	WALTERS, KAREN A.	4716 STEEL DUST LANE	WIZ FL 11/19/96-01157-010 236.25 236.25
D	PRIOR, WILLIAM W. J	4577 ESSEX LANE	SPRINGHILL FL

8. Name and Address of Current Registered Agent

CLAXTON-WOODS, THEOLINDA
0646 MANGROVE DR
WESLEY CHAPEL FL 33544

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

Suite, Apt. #

City

State

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

THEOLINDA CLAXTON-WOODS
REGISTERED AGENT MUST SIGN

Date **Oct 9, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Theolinda Claxton-Woods** **10-9-96** **815-973-7409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #