

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

MAR 24 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002981**

1. Corporation Name

**FIRE STARTER MINISTRIES, INC.**

Principal Place of Business

1209 GREENWOOD AVE.  
LEHIGH ACRES FL 33972

Mailing Address

1209 GREENWOOD AVE.  
LEHIGH ACRES FL 33972

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/13/1994

5. FEI Number

65-0519705

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip       |
|---------------|--|--|-------------------------------|
| D             | BEZARES, RAYMOND T                     | 1209 GREENWOOD AVE.  | LEHIGH ACRES FL 33972         |
| D,            | BEZARES, MARCI J                       | 1209 GREENWOOD AVE.  | LEHIGH ACRES FL 33919         |
| <del>D</del>  | <del>THOMPSON, LORIE A</del>           | <del>6346 ST. ANDREWS CT.</del>  | <del>FT. MYERS FL 33919</del> |
| D             | AKER, ROBERT                           | 1005 E. PENN RD  | LEHIGH ACRES, FL 33972        |

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-04/02/99--01086--006  
\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

BEZARES, RAYMOND T  
1209 GREENWOOD AVE.  
LEHIGH ACRES FL 33972

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

*Raymond T. Bezares*  
REGISTERED AGENT MUST SIGN

Date 1/20/99

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:

*Raymond T. Bezares (Raymond T. Bezares)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 941-368-0154  
Date Time