

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N94000003194

1. Corporation Name

CHRISTIAN APOSTOLIC MINISTRIES, INC.

Principal Place of Business

115 FOREST GROVE BLVD.
PALM HARBOR FL 34683

Mailing Address

115 FOREST GROVE BLVD.
PALM HARBOR FL 34683

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

06/28/1994

5. FEI Number

59-3209649

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CTR	SMITH, BRUCE A	115 FOREST GROVE BLVD.	PALM HARBOR FL 34683
T	SMITH, DEBORAH D	161 MARGIE ST.	PALM HARBOR FL 34683
D	JACKSON, WILLIE B III	3101 ASH CT	PALM HARBOR FL 34683
			100004679531--5 -11/14/01-01093-009 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

SMITH, BRUCE A
115 FOREST GROVE BLVD.
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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

Bruce A. Smith
REGISTERED AGENT MUST SIGN

Date 10/22/01

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:

Bruce A. Smith BRUCE A. Smith 10/22/01 1-722-786-9488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/01)