

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

1998 JAN 12 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004782

1. Corporation Name

ZAMAR MINISTRIES, INC.

Principal Place of Business

1613 CRYSTALVIEW TRAIL
LAKELAND FL 33801

Mailing Address

1613 CRYSTALVIEW TRAIL
LAKELAND FL 33801

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

09/26/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3268805

Applied For

Not Applicable

City & State

City & State

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)

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
D	MONO, MARK W JR	1613 CRYSTALVIEW TRAIL	LAKELAND FL 33801
D	MONO, LINDA J	1613 CRYSTALVIEW TRAIL	LAKELAND FL 33801
D	MOSELLE, MICHAEL D	6652 GLENN MEADOW LP	LAKELAND FL 33809
			600002402186--1 -01/15/98-01103-015 *****61.25 *****61.25 1/12/98
			REINSTATEMENT

8. Name and Address of Current Registered Agent

MONO, MARK W JR
1613 CRYSTALVIEW TRAIL
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600002402186--1

-01/15/98-01103-014

*****236.25 *****236.25

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

Mark Mono Jr
Mark Mono Jr
REGISTERED AGENT MUST SIGN

Date 1/12/98

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)(l), 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:

Mark Mono Jr
Mark Mono Jr
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/97 (941)
667-3321

CR2040 (8/97)