

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006104**

1. Corporation Name

THE EAGLES MINISTRY OF FIRE, INC.

Principal Place of Business

Mailing Address

1713 N. PINE AVE
OCALA FL 34475
US

P.O. BOX 2302
OCALA FL 34478

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

12/13/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3305308

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	4 City / State / Zip
PD	PATTERSON JACKSON, DORIS M.	14575 SW 34TH TER RD 1300 N.W. 67th Pl	OCALA FL-34473 34475
VPD	DACOSTA, LATYONIA A	8214 FAIRWAY CIRCLE APT 3203	OCALA FL 34472
VPD	WRIGHT, LATYONIA A	8214 FAIRWAY CIRCLE APT B203 8080 N.W. 80th Ave	OCALA FL 34472- 34482
VS	THOMAS, ARLENE G Sweet LATA'SHA	9331 BAHIA RD 1300 N.W.	OCALA FL 34472
VS			
			300023869413 10/17/03--01018--007 **\$1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATTERSON, DORIS M. 14575 SW 34TH TER RD OCALA FL 34473	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	OCALA	FL	34475

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. or 617.0505, F.S.

Signature of
Registered Agent

Doris M. Patterson
REGISTERED AGENT MUST SIGN

Date

10-13-03

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:

Doris M. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

352-622-5891

Eagles Ministry of Fire Inc.
P.O. Box 2302
Ocala, FL 34478

10/13/03

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

ATTN: To Secretary Hood or appropriate officer

Due to unforeseen situation and
mail distribution we did not receive
our reinstatement notice in a timely
manner. We have notified the
Postal Service concerning this issue.

However as director of eagles ministry
of fire we asking for all consideration
in this business transaction.
Enclosed is our Annual Report
of 46p. 25. and corrected names and
addresses.

Respectfully
L. Davis M. Patterson