

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 16 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M94000006274**

1. Corporation Name

CHRIST OUR RESURRECTION MINISTRIES INC.

2. Principal Office Address - No P.O. Box #

170 Indian Bay Dr
Suite, Apt. #, etc.

City & State

Freeport, FL

Zip
32439

Country
USA

3. Mailing Office Address

PO Box 5040
Suite, Apt. #, etc.

City & State

**Bluewater Bay
Niceville, Fla**

Zip
32578

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1988

5. FEI Number

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Donald E. Hodges**

Street Address (P.O. Box Number is Not Acceptable)
170 Indian Bay Dr

Suite, Apt. #, Etc.

City
Freeport

State
FL

Zip Code
32439

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald E. Hodges
REGISTERED AGENT MUST SIGN

Date **11-11-07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/O	Hodges, Donald E.	170 Indian Bay Dr.	Freeport, FL 32439
V/S/O	Hodges, Patricia C.	"	"
D	Lambert, Donna E.	1715 23rd St.	Niceville, FL 32578

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10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Hodges **RESIDENT** **11-11-07** **850-835-1242**

Date

Daytime Phone #

DONALD E. HODGES