

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N95000000812

1. Corporation Name

AT THE CROSS MINISTRIES INC.

Principal Place of Business

**1443 WINFRED DR. NORTH
ORANGE PARK FL 32073**

Mailing Address

**1443 WINFRED DR. NORTH
ORANGE PARK FL 32073**

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

02/20/1995

5. FEI Number

58-2163120 **APPLIED FOR**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	THEUS, EARLE L	1443 WINFRED DR N	ORANGE PARK FL 32073
D	THEUS, MARTHA R	1443 WINFRED DR N	ORANGE PARK FL 32088
D	HENKE, RONALD K	2763 PRIMROSE CIR	MIDDLEBURG FL 32068
D	HENKE, GAIL L	2763 PRIMROSE CIR	MIDDLEBURG FL 32068

REINSTATEMENT

8. Name and Address of Current Registered Agent

**KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002358047-8

-11/26/97-01084-007

*****236.25 State Tax Code 36.25**

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

David A King
REGISTERED AGENT MUST SIGN

Date

11-20-97

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:

Earle L. Theus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARLE L. THEUS

Date

11-17-97 9043535726

Daytime Phone #

CR2E040 (8/97)