

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 # N96000000524

1. Corporation Name

FAMILY RESTORATION MINISTRIES, INC.

Principal Place of Business

Mailing Address

660 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

507 S. MARION ST.,

Suite, Apt. #, etc.

101

City & State

LAKE CITY, FL

Zip

32025

Country

COLUMBIA

3. New Mailing Office Address, If Applicable

507 S. MARION ST.,

Suite, Apt. #, etc.

101

City & State

LAKE CITY, FL

Zip

32025

Country

COLUMBIA

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1996

5. FEI Number

59-3364962

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	PAUL V. CALLAHAN	RT. 12, BOX 549	LAKE CITY, FL 32025
D/S	PAUL M. CALLAHAN	3301 HOLLIDAY AVE.	APOPKA, FL 32703
D/T	GAIL E. CALLAHAN	RT. 12, BOX 549	LAKE CITY, FL 32025

8. Name and Address of Current Registered Agent

TURNER, JACQUELINE I.
660 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

9. Name and Address of New Registered Agent

Name

PAUL V. CALLAHAN

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

507 S. MARION STREET

Suite, Apt. #, Etc.

101

City

LAKE CITY

State
FL

Zip Code
32025

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

REGISTERED AGENT MUST SIGN

Date 12/14/98

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL V. CALLAHAN

12/14/98 904/758-1888

Daytime Phone #

CK #1841 For \$306.25