PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JAN 14 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000705

1. Corporation Name
AMERICAN HOMELESS MISSIONS,INC.

Principal Place of Business	Mailing Address
852-29 SAXON BLVD #219	852-29 SAXON BLVD #219
ORANGE CITY,FL. 32763	ORANGE CITY,FL. 32763

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

REINSTATEMENT 98-99

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: 2-6-1996

5. FEI Number: #59-3097366 — 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
PRES	MARK SPORN	852-29 SAXON BLVD #219	ORANGE CITY,FL. 32763
VICE PRES	ELIZABETH SPORN	852-29 SAXON BLVD.#219	ORANGE CITY,FL. 32763
TREA	MARK SPORN	852-29 SAXON BLVD. #219	ORANGE CITY,FL. 32763
SEC/TD	ELIZABETH SPORN	852-29 SAXON BLVD #219	ORANGE CITY,FL. 32763
DIR	MARK SPORN	852-29 SAXON BLVD.#219	ORANGE CITY,FL. 32763
DIR	PAUL JETT	852-29 SAXON BLVD. #219	ORANGE CITY,FL. 32763

8. Name and Address of Current Registered Agent

MARK SPORN
852-29 SAXON BLVD. #219
ORANGE CITY,FL. 32763

600002788586--0
-02/08/99--01170--022
****312.50 ****312.50

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. # Etc.
City | State: FL | Zip Code

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 Sporn — REGISTERED AGENT MUST SIGN
Date: 1-8-1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Mark Sporn - MARK SPORN 1-8-99 407-524-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)