

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 JUL -7 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001671

1. Corporation Name

GLOBAL MEDICAL MISSIONS, INC.

Principal Place of Business

6850 LIVING WATER PLACE
TAMPA FL 33610

Mailing Address

6850 LIVING WATER PLACE
TAMPA FL 33610

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

REINSTATEMENT

97-98

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1996

5. FEI Number

59-3371084

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, T	DR. RONALD H. CLARK, T	6850 LIVING WATER PL. STE. 100 TAMPA FL 33610	TAMPA, FL 33610
V, T	DR. JOHN GENTRI, T	6850 LIVING WATER PL. STE. 100	TAMPA, FL 33610
S, T	REV. BILL MATTHEWS, T	6850 LIVING WATER PL. STE. 100 TAMPA, FL 33610	TAMPA, FL 33610
T, T	MR. MICHAEL MCCORD, T	6850 LIVING WATER PL. STE. 100	TAMPA, FL 33610
			50000258855-2 -07/14/98--01072--025 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

BING, ANITA K ESQUIRE
6850 LIVING WATER PLACE
TAMPA FL 33610

9. Name and Address of New Registered Agent

Name TRACEY MEISTER
Street Address (P.O. Box Number is Not Acceptable)
6850 LIVING WATER PLACE
Suite, Apt. #, Etc. STE. 100
City TAMPA State FL Zip Code 33610

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

Tracey Meister
REGISTERED AGENT MUST SIGN

Date 12-8-97

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:

Signature and Typed or Printed Name of Signing Officer or Director
Michael Meister, Treasurer

12/8/97 813.620.4551

Date

Daytime Phone #

CR25040 (8/97)