

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N96000001835

1. Corporation Name

HEALING HANDS Ministries Inc.

W99000005112

Principal Place of Business

Healing Hands  
Ministries Inc.

Mailing Address

99 MAR 11 AM 9:16

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 77-99

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

2. New Principal Office Address, If Applicable

3621 N. 22nd St.

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

3621 N. 22nd St.

Suite, Apt. #, etc

4. Date Incorporated or Qualified  
To Do Business in Florida

April 3, 1996

5. FEI Number

59-3345770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Tampa, FL.

Zip

33605

Country

City & State

Tampa FL.

Zip

33605

Country

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
1	2	3	4
<u>Pastor</u>	<u>Robert Jordan (PRES.)</u>	<u>3621 N. 22nd St.</u>	<u>Tampa, FL. 33605</u>
<u>Sec.</u>	<u>Brenda Jordan</u>	<u>3621 N. 22nd St.</u>	<u>Tampa, FL. 33605</u>
<u>TREAS.</u>	<u>ANNIE Adkins.</u>	<u>1216 Blvd N. Apt 252</u>	<u>Tampa, FL. 33607</u>

GOOD002814376-7  
-03/23/93--01031--022  
\*\*\*367.50 \*\*\*367.50

8. Name and Address of Current Registered Agent

REV. Robert Jordan  
3621 N. 22nd St.  
Tampa, FL. 33605

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

Rev. Robert Jordan

REGISTERED AGENT MUST SIGN

Date 8/17/98

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:

Rev. Robert Jordan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/98 (813) 248-1134