

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN -9 PM 12:18

DOCUMENT # N96000001835

**1. Corporation Name**

HEALING HANDS MINISTRIES  
3621 North 22nd. Street  
Tampa, Florida 33605

**2. Principal Office Address**

**3. Mailing Office Address**

3621 N. 22nd. ST.

3621 N. 22nd. ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL.

Tampa FL.

Zip

Country

Zip

Country

33605

33605

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/16/96

**5. FEI Number**

59-3345777

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Bishop Robert Lee Jordan

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

4540 E. Tarpon Dr.

Suite, Apt. #, Etc.

City

Tampa, Florida

State

FL

Zip Code

33607

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/6/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D/P</u>	<u>BISHOP Robert L. Jordan</u>	<u>4540 E. Tarpon Dr.</u>	<u>Tampa, FL. 33617</u>
<u>D</u>	<u>Pastor Brenda G. Jordan</u>	<u>4540 E. Tarpon Dr.</u>	<u>Tampa, FL. 33617</u>
<u>S</u>	<u>Tomika Williams</u>	<u>13741 Susan Kay Dr. #C</u>	<u>Tampa FL. 33613</u>
<u>T</u>	<u>Annie Adkins</u>	<u>6406 Open Pasture Ct.</u>	<u>Pasco FL. 33544</u>
<u>V</u>	<u>John Thomas (Min.)</u>	<u>3621 N. 22nd St</u>	<u>Tampa, FL. 33605</u>

**10. 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

1/6/03  
Date

(813) 914-0508  
Daytime Phone #

CR2E081 (9/01)