

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT -9 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 96000002321

1. Corporation Name

Special Blessings ministries, Inc

**REINSTATEMENT**

400161540454

10/09/09--01024--013 \*\*306.25

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

58 Rolling Fern Dr  
Suite, Apt. #, etc.

3. Mailing Office Address

58 Rolling Fern Dr  
Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

Palm Coast, Florida

Zip

32164

Country

USA

Zip

32164

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1996

5. FEI Number

59 3375873

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

Carol A Hamilton

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

58 Rolling Fern Dr

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Carol A Hamilton

REGISTERED AGENT MUST SIGN

Date 10/06/09

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
PD	Carol A Hamilton	58 Rolling Fern Dr	Palm Coast FL 32164
VD	William R Hamilton, Sr	58 Rolling Fern Dr	Palm Coast FL 32164
TD	Michael C Hamilton	3 Fenwick Lane	Palm Coast FL 32137
SD	Robin Langley	78 Forest Hill Dr.	Palm Coast FL 32137

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 contained in Chapter 119, 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:

Carol A Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/09 386-931-6009

Date

Daytime Phone #