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
98 JUL 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004997

1. Corporation Name

FRESH ANNOINTING MINISTRIES, INC.

Principal Place of Business	Mailing Address
% CHRIS J. LUDWIG 14610 S.E. 99TH AVENUE SUMMERFIELD FL 34491	% CHRIS J. LUDWIG 14610 S.E. 99TH AVENUE SUMMERFIELD FL 34491

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
10935 SE 177TH PL.	10935 SE 177TH PL
Suite, Apt. #, etc. SUITE 407	Suite, Apt. #, etc. SUITE 407
City & State SUMMERFIELD, FLORIDA	City & State SUMMERFIELD, FLORIDA
Zip 34491 Country MARION	Zip 34491 Country MARION

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/1996

5. FEI Number: 59-3427123 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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-07/28/98--01072--005
****297.50 ****297.50

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
PD	LUDWIG, CHRIS J	14610 SE 99TH AVENUE	SUMMERFIELD FL 34491
~~VD~~	~~BRYANT, ROBERT~~	~~3216 NE 15 AGVENUE~~	~~OCALA FL 34479~~
SD	BUCKHALTER, JAMES	P.O. BOX 4581 N/A	OCALA FL 34478
~~TD~~	~~DUCHARM, KING~~	~~P.O. BOX 1039 N/A~~	~~WEIRSDALE FL 32195~~
TD	LUDWIG, CHRIS M	4127 S.E. HIGHWAY 484	BELLEVIEW FL 34482
~~D~~ D	~~PARRISH, CHARLES~~ ARCHER, LARRY	~~3451 SE 58TH STREET~~ 6020 N.W. 61ST LANE	~~OCALA FL 34480~~ OCALA, FL 34482

8. Name and Address of Current Registered Agent

LUDWIG, CHRIS J
14610 S.E. 99TH AVENUE
SUMMERFIELD FL 34491

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

REINSTATEMENT 7/27/24

CR2E040 (8/97)

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: Chris M Ludwig
REGISTERED AGENT MUST SIGN

Date: 7-20-98

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: Chris M Ludwig CHRIS M LUDWIG 7-20-98 352-347-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #