

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N96000005433**

1. Corporation Name

**HEALING TOUCH MINISTRIES, INC.**

FILED

02 FEB 28 PM 3: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1847 TOURNAMENT DR  
APOPKA FL 32712

Mailing Address

1847 TOURNAMENT DR  
APOPKA FL 32712

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

00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1996

5. FEI Number

59-3425933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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	4 City / State / Zip
PD	RAMSEY, SUSAN	1847 TOURNAMENT DR	APOPKA FL 32712
STD	GANN, DIANE	9500 N APPHA BUD WAY	CITRUS SPRINGS FL
D	KEMP, LORRI	822 SE 33 AVE	OCALA FL 34471
			300005073683--1 -03/08/02--01065--025 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

RAMSEY, SUSAN  
1847 TOURNAMENT DR  
APOPKA FL 32712

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

*Susan Ramsey*  
REGISTERED AGENT MUST SIGN

Date

*Feb 27, 2002*

11. 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:

*Susan Ramsey* SUSAN RAMSEY Director 2/27/02 407-814-6832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)