

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005454**

1. Corporation Name

GOOD SAMARITAN CHRISTIAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~21 SABAL ISLAND DR~~
~~BOYNTON BEACH FL 33435~~

US **377 WRANGLEWOOD DR**
WELLINGTON, FL 33414

~~21 SABAL ISLAND DR~~
~~BOYNTON BEACH FL 33435~~

US **377 WRANGLEWOOD DR**
WELLINGTON, FL 33414

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1996

5. FEI Number

65-0704306

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PIERSMA, ELJON	21 SABAL ISLAND DR	BOYNTON BEACH FL
TD	PRESAS, ROGER T	377 WRANGLEWOOD DRIVE	WEST PALM BEACH FL 33414
SD	KOORNNEEF, JAKE	5700 SIMS ROAD	DELRAY BEACH FL 33484

500025602205
12/18/03--01043--001 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRESAS, ROGER T
377 WRANGLEWOOD DR
WELLINGTON FL 33414

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/15/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03 561 791 1112
Daytime Phone #

CR2E040 (7/03)

Roger T Presas CPA

377 Wranglewood Drive
Wellington, Florida 33414
rpresas@presasco.com

December 15, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327-
Tallahassee, FL 32314-6327

Re: Good Samaritan Christian Ministries reinstatement fee
EIN 65-0704306

We respectfully request a waiver of the \$175.00 reinstatement fee. We are a small organization (Approximately \$6,000/year contributions/disbursements) dedicated to providing spiritual support to destitute patients of the AG Holley State Hospital in Lantana, Florida. All our officers are unpaid volunteers.

We did not file the report on time because the notices were sent to Rev. Elton Piersma, one of our board members, and inadvertently filed away. I am the registered agent and responsible to file the reports for the organization. We are changing the corporation mailing address to my office as shown on the reinstatement notice to reduce the possibility of future late filings.

We appreciate any assistance you may be able to provide us.

Sincerely,



Roger T Presas CPA