

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 FEB 18 PM 12:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005955**

1. Corporation Name

W.B. PASS EVANGELISM MINISTRIES, INC.

Principal Place of Business

Mailing Address

10937 OLD HILLSBOROUGH AVE
 TAMPA FL 33610

10937 OLD HILLSBOROUGH AVE
 TAMPA FL 33610



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

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3410820

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PASS, W B	10937 OLD HILLSBOROUGH AVE	TAMPA FL 33610
VD	PASS, LARAY	407 PROVIDENCE ROAD #110	BRNDON FL 33511
VD	AUSTIN, GLENDA	1147 OAKHILL ST	SEFFNER FL 33584
STD	DIXON, JULIE	3425 PORTER ROAD	LITHIA FL 33547

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 ****297.50****297.50

8. Name and Address of Current Registered Agent

REINSTATEMENT

9. Name and Address of New Registered Agent

PASS, W B
 10937 OLD HILLSBOROUGH AVE
 TAMPA FL 33610

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

2-16-2000

REGISTERED AGENT MUST SIGN

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 REQUIRED

2-16-2000

Date

Daytime Phone #

CR2E040 (8/99)