PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 NOV -3 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **N96000006089**

1. Corporation Name

FULL OF FAITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
2509 NORTH MAIN STREET JACKSONVILLE FL 32206	2509 NORTH MAIN STREET JACKSONVILLE FL 32206

200002387992--6
-11/04/97--01083--001
*****61.25 *****61.25

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: **11/25/1996**

5. FEI Number: 59-3415736 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	COATS, DARRELL L	3211 CRISTO LANE	JACKSONVILLE FL 32277
D	SMITH, BERTHA	2828 PAIGTON COURT	JACKSONVILLE FL 32225
PD	COATS, GENNELL L	3211 CRISTO LANE	JACKSONVILLE FL 32277
SD	SNEED, DELORIS	2254 MINANDAO DRIVE	JACKSONVILLE FL 32225
TD	WOODRIDGE, TRIGGER	3211 CRISTO LANE	JACKSONVILLE FL 32277
D	PRITCHARD, ETHEL	1072 WEST DUVAL	JACKSONVILLE FL 32206

8. Name and Address of Current Registered Agent

COATS, DARRELL L
3211 CRISTO LANE
JACKSONVILLE FL 32277

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

11/3/97

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 _____ Date 11-1-97
REGISTERED AGENT MUST SIGN

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: _____ 11-1-97 (904) 745-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Darrell L. Coats, Registered Agent

(2)

11-1-97

The Florida Department of State:

To whom it may concern, I Darrell L. Coats (Registered Agent) of Full of Faith ministries, INC. had no knowledge and received no forms to file the Corporation annual report for the year 1997. We are a new ministry and did not know what forms needed to be summited.

Prior to the phone conversation we were told to complete the reinstatement application and pay $61.25.

Thank You