

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **N 96000006110**

1. Corporation Name **Evangelism Outreach Ministries, Inc.**

2. Principal Office Address **9445 N.W. 17 AVE.**

Suite, Apt. #, etc.

City & State **MIAMI, FL.**

Zip **33147**

Country **DADE**

3. Mailing Office Address **P.O. Box 681983**

Suite, Apt. #, etc.

City & State **MIAMI, FL.**

Zip **33168**

Country **DADE**

**REINSTATEMENT 99-50**

4. Date Incorporated or Qualified To Do Business in Florida **NOV. 25, 1996**

5. FEI Number **650717153**

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name **AMOS LEE NUNNALLY**

**600003330176-7**

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

**9206 N.W. 8 AVE.**

Suite, Apt. #, Etc.

City **MIAMI**

State **FL**

Zip Code **33150**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Amos Lee Nunnally*  
REGISTERED AGENT MUST SIGN

Date **6-8-00**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	Mr. AMOS L. NUNNALLY	9206 N.W. 8 AVE.	MIAMI, FL. 33150
CLERK	Mrs. Jacqueline Nunnally	9206 N.W. 8 AVE.	MIAMI, FL. 33150
SEC.	Mrs. Sharon Johnson	30015 N.W. 35 AVE.	MIAMI FL. 33169

10. 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

*Amos Lee Nunnally*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-8-00** (305) 691-0287

Date

Daytime Phone #

CR2E081 (9/93)