

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 OCT 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001035

1. Corporation Name

TOMMIE ZITO MINISTRIES, INC.

Principal Place of Business

Mailing Address

5761 NW 112TH AVE
#111
MIAMI FL 33178

P.O. BOX 226377
MIAMI FL 33122

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

02/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

73-1491050

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	ZITO, TOMMIE J	5761 NW 112TH AVE 1823 SW 176 WAY	MIAMI FL 33178 MIRAMAR FL 33029
D/V	ZITO, KIMBERLY S	5761 NW 112TH AVE 1823 SW 176 WAY	MIAMI FL 33178 MIRAMAR FL 33029
D	JENSEN, GALEN	803 N. AURDAL AVENUE	FERGUS FALLS MN 56537

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZITO, TOMMIE J
5761 NW 112TH AVE
#111
MIAMI FL 33178

Name

(SAME)

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

1823 SW 176 WAY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

10/16/03

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]

KIMBERLY ZITO

10/16/03

954.437.2726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)