


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 JUL -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002393

1. Corporation Name

HOUSE CALLS MINISTRIES INC,
PO BOX 7151
FT MYERS FL 33911

2. Principal Office Address

4535 TAMiami TR

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

Zip

33980

Country

CHARLOTTE

3. Mailing Office Address

SAME AS #1

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 0005

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/1997

5. FEI Number

65-0749384

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

ALAN W GRUNING

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

13711 HICKORY RUN LANE

Suite, Apt. #, Etc.

City

FORT MYERS

State
FL

Zip Code

33912

900057093099
07/06/05 01055 009 **540 50

540.50

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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

Alan W Gruning DO
REGISTERED AGENT MUST SIGN

Date 6-28-05

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
D	ALAN W GRUNING	13711 HICKORY RUN LN	FORT MYERS FL 33912
D	JANET GRUNING	13711 HICKORY RUN LN	FORT MYERS FL 33912
D	Beth A Wilson	17362 Iago Ave	Port Charlotte FL 33953

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:

Alan W Gruning DO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-28-05 941-629-9700

Daytime Phone

CR2E081 (01/05)