

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600111579266
11/01/07--01016--023 **131.25

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000 3432

1. Corporation Name

Gethsemane Economic + Educational
Ministry

2. Principal Office Address - No P.O. Box #

700 Hazzard Ave

Suite, Apt. #, etc.

3. Mailing Office Address

700 Hazzard Ave

Suite, Apt. #, etc.

City & State

Eustis FL

City & State

Eustis FL

Zip

32726

Country

US

Zip

32726

Country

7. Name and Address of Current Registered Agent

Name

William Hawkins

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

700 Hazzard Ave

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3450452

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William Hawkins

Date 10/30/07

REGISTERED AGENT MUST SIGN

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
DP	William Hawkins	700 Hazzard Ave	Eustis, FL 32726
AS	Lillie Mosley	1305 Louis Ct.	Eustis, FL 32726
DT	Joy C. Harris	605 N. Hawley St.	Eustis, FL 32726

REINSTATEMENT
06-07

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 contained in Chapter 119, 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:

William Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352)
357-6424
Daytime Phone #