

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 4:35

DOCUMENT # **N97000003612**

1. Corporation Name

PIVOT MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

**11302 TUCKER ROAD
RIVERVIEW FL 33569**

Mailing Address

**P.O. BOX 2216
RIVERVIEW FL 33568-2216**



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

06/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3430871

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BLEDSON, JR REV ALVIN W	11302 TUCKER ROAD	RIVERVIEW FL 33569
STD	BLEDSON, REV STEPHANIE	11302 TUCKER ROAD	RIVERVIEW FL 33569
DVP	MUELLER, REV RANDY	5803 ERHARDT DRIVE	RIVERVIEW FL 33569

300003020153-4
-10/21/99-01010-001
*****236.25 ***236.25**

10/12/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BLEDSON, ALVIN W
11302 TUCKER ROAD
RIVERVIEW FL 33569**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Alvin W. Bledson

REGISTERED AGENT MUST SIGN

Date **10/12/99**

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:

Alvin W. Bledson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

Date

813.677.5233

Daytime Phone #