

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 Mailing Address
11302 TUCKER ROAD P.O. BOX 2216
RIVERVIEW FL 33569 RIVERVIEW FL 33568-2216



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/20/1997	
City & State		City & State		5. FEI Number	
Zip		Country		69-3430871	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
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

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 Zip Code
		FL	

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* Date *10/12/99*
 REGISTERED AGENT MUST SIGN

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* Date *10/12/99* 813.677.5233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #