

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 27 PM 4:49

DOCUMENT # **N97000004252**

1. Corporation Name

Harvest House Ministries Inc.

REINSTATEMENT 03-04

2. Principal Office Address

680 NW 43rd AVE

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

BROWARD

3. Mailing Office Address

680 NW 43rd AVE

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

BROWARD

400040402304

08/27/04--01050--007 **122.50

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/99

5. FEI Number

65-1015058

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

Austin A. Findlater

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

680 NW 43rd AVE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

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

Austin A. Findlater

REGISTERED AGENT MUST SIGN

Date

9/14/04

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
PRES.	DAVE WEBB	7496 NW 33 rd ST.	Lauderhill, FL 33319
TREAS.	Austin Findlater	680 NW 43 rd AVE	PLANTATION FL 33317
SEC.	EMILY WEBB	7496 NW 33 rd ST.	Lauderhill FL 33319
V.P.	CANDACE BROWN	7413 NW 75 th ST.	TAMARAC FL 33321

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:

Austin Findlater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/04

Date

(954) 791-6403

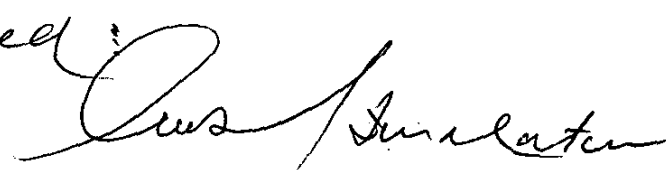
Daytime Phone #

CR2E081 (01/04)

9/14/04

We ARE Hereby Requesting
that the Reinstatement Fee
BE WAIVED, BECAUSE WE DID NOT
RECEIVE the original Reinstatement
APPLICATION, FOR THE YEARS 2003 AND 2004

Our MAILING ADDRESS HAS CHANGED
AND our letters WERE THROWN AWAY
by the NEW tenant.

Signed:  Chris Simulatan