PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N97000005162

1. Corporation Name: Bill Rice Ministries Inc.

Principal Place of Business
19730 S.W. 12ST
Pembroke Pines Fla.
33029

Mailing Address
Bill Rice Ministries Inc.
P.O. Box 821867
South Florida, Fla, 33082

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Bill Rice Ministries Inc
Suite, Apt. #, etc: P.O. Box 821867
City & State: South Florida Fla.
Zip: 33082 | Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: Sept 11 1997

5. FEI Number: 65-0778730 | Applied For | Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director Incorporator	D-T Bill Rice	19730 S.W. 12ST Pembroke Pines	Fla, 33029
Director Incorporator	D-P Mitchell Marks	701 N.W. 210ST, Build #3 Apt 511	N.Miami Fla. 33169
Director Incorporator	D-V Vivian Marks	701 N.W. 210ST Build #3 Apt 511	N.Miami Fla. 33169

CR2E080 (12/96)

8. Name and Address of Current Registered Agent
Bill Rice
19730 S.W. 12ST
Pembroke Pines Fla.
33029

Mail Address
Bill Rice
P.O. Box 821867
South Florida, Fla.
33082

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City | 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: Bill Rice
REGISTERED AGENT MUST SIGN
Date: 3-27-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑
(See other side for penalty on intangible tax.)

12. 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: Bill Rice — Bill Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99 — 954-431-7193
Date — Daytime Phone #