

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NA7-000005261**

1. Corporation Name

Healing of the Nation Ministry, Inc.

Principal Place of Business

927 Goldwyn Avenue
Suite 210
Orlando, FL 32805

Mailing Address

P.O. Box 616325
Orlando, FL 32861

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

September 16, 1997

5. FEI Number

59-3438405

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres. D.	Michael A. Henderson Sr.	5473 Timberleaf Blvd. 1016	Orlando, FL 32811
V-Pre D.	Benita C.B. Henderson	5473 Timberleaf Blvd. 1016	Orlando, FL 32811
Dir. D.	Darrell Richardson	5473 Timberleaf Blvd. 1016	Orlando, FL 32811

8. Name and Address of Current Registered Agent

Michael Andrae Henderson, Sr.
5473 Timberleaf Blvd., 1016
Orlando, Florida 32811

9. Name and Address of New Registered Agent

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

Michael Andrae Henderson Sr.

REGISTERED AGENT MUST SIGN

Date 01-04-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information 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:

Benita C.B. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BENITA HENDERSON

01-04-99
Date

(407) 533-4617
Daytime Phone #