

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -2 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005481

1. Corporation Name

HAVEN OF REST MINISTRIES, INC.

Principal Place of Business

431 CALOOSA ESTATES DR  
LABELLE FL 33935  
US

Mailing Address

P. O. BOX 2821  
LABELLE FL



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

09/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1639479  
APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del> P/D	MCFERRIN, CHARLES Alan Trask	2517 WHEELER BLUFF RD P.O. Box 2821	RALEIGH NC 27608 LaBelle, FL 33975
<del>D</del> V/P/D	MCFERRIN, ANN Irene Trask	2517 WHEELER BLUFF RD P.O. Box 2821	RALEIGH NC 27608 LaBelle, FL 33975
<del>D</del>	MCFERRIN, CHARLES	P.O. BOX 2821	LABELLE FL 33975
<del>D</del>	MCFERRIN, ANN	P.O. BOX 2821	LABELLE FL 33975
D	DREW, PAMELA P	4113 N WILLOW DR	MULBERRY FL 33880
D	BICKES, PAUL	3483 SW SUNSET TRACE CIRCLE	PALM CITY FL 34990

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELVER, RALPH 461 S MAIN STREET PO DRAWER 2280 LABELLE FL	Name Street Address (P.O. Box Number is Not Acceptable) 700003071717--0 Suite, Apt. #, Etc. -12715799--01096--003 City State FL	Zip Code ***236.25
---	--	-----------------------

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

*Ralph Elver*  
REGISTERED AGENT MUST SIGN

Date 11-30-99

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)(f), 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:

*Alan Trask*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-99

944-675-5800  
Daytime Phone #