

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 NOV 19 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000077

1. Corporation Name

LIFT HIGH THE CROSS MINISTRY, INC.

Principal Place of Business

7601 SW 39TH ST
DAVIE FL 33328-2716

Mailing Address

7601 SW 39TH ST
DAVIE FL 33328-2716

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1998

5. FEI Number

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	City / State / Zip
1	2	3	4
Pres.	CHAIRMAN OF THE BOARD DARRELL STEPHENSON 7601 SW 39th St Davie FL 33328	7601 S.W. 39th Ave DAVIE, FL 33328	
Secy. Tr.	Jenny Koshera	1333 S. Kirkwood Rd ST LOUIS MO 63122	
V.P.	Jay Mason	7601 S.W. 39th Ave DAVIE, FL 33328	
Dir.	Karl Freunot	2223 S.W. Pondview Dr. Topeka, KS 66614	
Dir	Jim Likens	1333 S. Kirkwood Rd ST LOUIS, MO 63122	
Dir	Eileen Bishop	7601 SW 39th St DAVIE FL 33328	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGRAHAM, ROBERT
415 SAILBOAT CIR
WESTON FL 33326

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

REGISTERED AGENT MUST SIGN

Date

11/17/99

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)(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:

Robert Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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