

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -9 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001590

1. Corporation Name

JOHN T. RANGE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6042
DAYTONA BEACH FL 32122

P.O. BOX 6042
DAYTONA BEACH FL 32122

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

03/13/1998

5. FEI Number

59-3559492

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	
1	2	3	4
P/C	JOHN RANGE SR.	1014 ESSEX ROAD	DAYTONA BCH. FL. 32117
M/D	JOHN RANGE JR.	1014 ESSEX ROAD	DAYTONA BCH. FL. 32117
S/D	PRISCILLA RANGE	1014 ESSEX ROAD	DAYTONA BCH. FL. 32117
T/D	LATRELLE STEPHENS	1014 ESSEX ROAD	DAYTONA BCH. FL. 32117
			200003138082--5 -02/16/00--01096--003 ****183.75 ****183.75
			200003138082--5 -02/16/00--01096--004 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

RANGE, JOHN T SR
1014 ESSEX ROAD
DAYTONA BEACH FL 32117

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/18/99

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/99 904 257-1161
Date Daytime Phone #

CP2E040 (8/99)