

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 30 PM 12:52

DOCUMENT # **N98000001996**

1. Corporation Name

**MINISTERING ARTISTS, INC.**

Principal Place of Business

Mailing Address

725 MONROE ST.  
JACKSONVILLE FL 32202

725 MONROE ST.  
JACKSONVILLE FL 32202



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

04/07/1998

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WHITE, EUGENE	8445 BANDERA CIRCLE W.	JACKSONVILLE FL 32244
D	BOYD, DOROTHY	3132 CATHEDRAL LANE	JACKSONVILLE FL 32277
D	DUMAS, VALERIE	2618 SUNNY ACRES DR.	JACKSONVILLE FL 32209
D	GONZALEZ, F. FREDA	4025 LEONNE RD.	JACKSONVILLE FL 32202
D	MENDEZ, GLORIA	11515 SWORDFISH DR.	JACKSONVILLE FL 32218

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOZIER, WILENE D  
200 W. FORSYTHST., STE. 800  
JACKSONVILLE FL 32202

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

*Wylene D. Dozier*  
REGISTERED AGENT MUST SIGN

Date

10/28/99

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.

AD

SIGNATURE:

*Radrica Mendez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/99 904-355-468

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355-468