

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 16 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9800000 2868

1. Corporation Name

**ALL GOD'S CHILDREN MINISTRIES, INC.**

2. Principal Office Address - No P.O. Box #

**24823 Pearl Street**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Astor, FL**

City & State

Zip

**32102**

Country

**Lake**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/19/98**

5. FEI Number  
**593512540**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Orville Baldridge**

Street Address (P.O. Box Number is Not Acceptable)  
**24823 Pearl Street**

Suite, Apt. #, Etc.

City

**Astor, FL**

State

**FL**

Zip Code

**32102**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Orville Baldridge*  
REGISTERED AGENT MUST SIGN

Date **March 12, 2009**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Orville Baldridge	24823 Pearl Street	Astor, FL 32102
VPTD	MaryLouise Baldridge	24823 Pearl Street	Astor, FL 32102
D	Kenneth Scrubbs	705 Lake Ellan Road	Fruitland Park, FL 34731

10. 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 contained in Chapter 119, 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:

*Orville Baldridge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Orville Baldridge**

March 12, 2009 352-759-2747

Date

Daytime Phone #

3/12/09