

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUL -5 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003310**

1. Corporation Name

**MISSION STREET MINISTRIES, INC.**

Principal Place of Business

29 EAST FIFTH STREET  
PANAMA CITY FL 32401

Mailing Address

29 EAST FIFTH STREET  
PANAMA CITY FL 32401

600006309176--7

-07/10/02--01031--005

\*\*\*\*306.25 \*\*\*\*306.25



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/1998

5. FEI Number

59-3524349

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HUNTER, WILLIAM M	29 EAST FIFTH STREET	PANAMA CITY FL 32401
<del>DTS</del> D	GREGG, STEVEN	1401 WEST 23RD STREET	PANAMA CITY FL 32405
D	TAYLOR, KENNETH	3002 ISLAND VIEW CIRCLE	PANAMA CITY FL 32405
D	BELLMAN, ROBERT	1918 LOMBARDY AVENUE	PANAMA CITY FL 32405
D	BUSH, TERRY	1515 FOSTER AVENUE	PANAMA CITY FL 32405
<del>D</del> DTS	<del>WILSON, HERB</del> DAVID R. HAWES	<del>2913 WEST 11TH STREET</del> 209 Hidden Pines Dr	<del>PANAMA CITY FL 32401</del> Panama City Beach, FL 32408

8. Name and Address of Current Registered Agent

HUNTER, WILLIAM M  
29 EAST FIFTH STREET  
PANAMA CITY FL 32401

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

REGISTERED AGENT MUST SIGN

Date

4/29/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/02

850-747-5823

CR2E040 (8/01)