

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA8000003467

1. Corporation Name

THE PLAIN TRUTH
MINISTRY, Corporation

2. Principal Office Address

15354 OLD GAIN RD. BOX 245
RD

3. Mailing Office Address

Suite, Apt. #, etc.
1

City & State

MCINTOSH, FL

City & State

MCINTOSH FL

Zip

32664

Country

MARION

Zip

32664

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

522171791

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jimmy Carr

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

NORTH HWY 441 21121

Suite, Apt. #, Etc.

City

MCINTOSH

State

FL

Zip Code

32664

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

Jimmy Carr

REGISTERED AGENT MUST SIGN

Date 12-16-03

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
Pastor	Jimmy Carr	N. Hwy 441-21121	MCINTOSH, FL 32664
Asst. Past	Jimmy Richardson	N. Hwy 441 21121	MCINTOSH, FL 32664
Min -	Constance Carr	3103 N.E. 1st APT N	Gainesville, FL 32609
REINSTATEMENT 99-03 TS			

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 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:

Jimmy Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-16-03

Daytime Phone #

352-591-0333

CRCE081 (10/02)