

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2000

REINSTATEMENT

DOCUMENT # **N98000005123**

1. Corporation Name
FOR HIM MINISTRIES INC.

Principal Place of Business Mailing Address
**8460 NW 11 CT.
PEMBROKE PINES FL 33024** **8460 NW 11 CT.
PEMBROKE PINES FL 33024**

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 **09/08/1998**
5. FEI Number **65-0861236** 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	City / State / Zip
PD	RIGGOTT, KEITH N	8460 NW 11 CT	PEMBROKE PINES FL 33024
VPD	SENZIG, MIKE	11007 SW 11 CT	DAVIE FL 33325
STD	LEITEMGER, HEATHER	8031 SW 22 AVE	DAVIE FL 33324
VPD	Ray Migatz, Raymond	7396 Cleveland St.	Hollywood, FL 33024
STD	Riggott, Wendy	8460 N.W. 11 CT	Pembroke Pines, FL 33024

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent
RIGGOTT, KEITH
8460 NW 11 CT.
PEMBROKE PINES FL 33024
Name
Street Address (P.O. Box Number is Not Acceptable)
300003526333-1
Suite, Apt. #, Etc. **-01/08/01--01013--009**
City ******236, 25** ******236, 25**
State Zip Code
FL

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 **KEITH RIGGOTT** **REGISTERED AGENT MUST SIGN** Date **12/22/00**

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: **KEITH RIGGOTT** **SIGNATURES REQUIRED** Date **12/22/00** Daytime Phone # **(954) 436-0735**