

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 19 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005854

1. Corporation Name

AMY GRUEN MINISTRIES, INC.

2. Principal Office Address

4966 HARVEY GRANT ROAD

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003-7805

Country

CLAY

3. Mailing Office Address

4966 HARVEY GRANT ROAD

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003-7805

Country

CLAY

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/13/1998

5. FEI Number

59-3551355

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

GRUEN, AMY

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

4966 HARVEY GRANT ROAD

Suite, Apt. #, Etc.

City

ORANGE PARK

State
FL

Zip Code

32003-7805

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

Amy J. Gruen
REGISTERED AGENT MUST SIGN

Date 12-17-02

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
PD	GRUEN, AMY	4966 HARVEY GRANT ROAD	ORANGE PARK, FL 32003-7805
D	BIELIK, PATTI	575 ROCKINGHAM ROAD	ORANGE PARK, FL 32073
D	CAROLYN RUSS	1709 COLONIAL DRIVE	GREEN COVE SPRINGS, FL 32043

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy J. Gruen AMY J. GRUEN, PRESIDENT

Date

904-215-7532

Daytime Phone #

CP2E081 (9/01)