

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006599

1. Corporation Name

UPLIFT MINISTRIES, INC.

Principal Place of Business

750 SS ORANGE BLOSSOM TRAIL
STE 220
ORLANDO FL 32805
US

Mailing Address

P.O. BOX 617547
ORLANDO FL 32861

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

750 So. Orange Blossom Tr. #220
Orlando, FL
32805 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1998

5. FEI Number

59-3445167

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City & State
DC	MITCHELL, CLYDE	7427 N 50TH 8700 N. 50th St. # 1034	TAMPA FL 33617
D	GARROW, DENNIS	5624 ARUNDEL DR 250 McKinley St. #5	ORLANDO FL 32816 Iola, WI 54945
DCC	VARNES, GILBERT	70 RANDOLF AVE #7	DOVER NJ 07801
D	ADAMS, ROBERT	2056 HOLLYWOOD DR	TALLAHASSEE FL 32303
D	MACK, LEROY	PO BOX 617547	ORLANDO FL 32861
D	WYNN, RANDY	7427 N 50TH ST 5648 Bonita Vista Way	TAMPA FL 33617

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACK, LEROY H REV.
5624 ARUNDEL DR.
ORLANDO FL 32816

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

32805

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-00 (407) 839-5651