

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 11 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000009

1. Corporation Name

Worship Him Ministries Inc.

2. Principal Office Address

2709 Wellon Ranch Rd.
Ellenton, FL 34222
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 83
Ellenton FL 34222
Suite, Apt. #, etc.

City & State

Ellenton, FL 34222

City & State

Ellenton FL 34222

Zip

34222

Country

Marshall

Zip

34222

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 1998

5. FEI Number

65-0751245

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

Mary D. Brown

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

2709 Wellon Ranch Rd.

Suite, Apt. #, Etc.

City

Ellenton FL

State

FL

Zip Code

34222

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

Mary D. Brown, Executive Director
REGISTERED AGENT MUST SIGN

Date 07-01-2003

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
<u>Director</u>	<u>William Campbell</u>	<u>1419 19th Ave. W.</u> <u>Ellenton FL 34205</u>	<u>Ellenton FL 34205</u>
<u>treasurer</u>	<u>Betty Lou Dick</u>	<u>1208 35th Ave. W.</u> <u>Ellenton FL 34205</u>	<u>Ellenton, FL 34205</u>
<u>secretary</u>	<u>Joan Vitale</u>	<u>3013 Wilderness Blvd E.</u> <u>Parrish, FL 34219</u>	<u>Parrish, FL 34219</u>

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:

Mary D. Brown, Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-03
Date

941-722-8449
Daytime Phone #