

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR -7 PM 1:43

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000000220

1. Corporation Name

Get Back Ministries

2. Principal Office Address

4798 S. Florida Ave.

Suite, Apt. #, etc.

Unit #405

City & State

Lakeland, FL

Zip

33813

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 00605

4. Date Incorporated or Qualified  
To Do Business in Florida

1-11-99

5. FEI Number

59-3551682

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

Greg Jenkins

000051210250

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

6936 Lake Eagle Brooke Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/5/05

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
D/P	Greg Jenkins	6936 Lake Eagle Brooke Dr.	Lakeland, FL 33813
D	Jim Bozzuto	2924 Danforth Dr.	Orlando, FL 32818
D/v	Kathleen Jenkins	6936 Lake Eagle Brooke Dr.	Lakeland, FL 33813
D	Monica Urias	2924 Danforth Dr.	Orlando, FL 32818

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Jenkins

Date

Daytime Phone #

4/5/05 863-644-9244

CR2E081 (01/05)