


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # N99000000421**

1. Corporation Name

**VINE ABIDING MINISTRIES, INC.**

Principal Place of Business

281 AURIGA DRIVE  
ORANGE PARK FL 32073-2405

Mailing Address

281 AURIGA DRIVE  
ORANGE PARK FL 32073-2405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1999

5. FEI Number

59-3557351-

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 / Zip
D/P	HIPP, DALE K	RURAL ROUTE 42, P.O. BOX 12	ELD GARDEN WV 26717
D/V	HIPP, PAMELA L	RURAL ROUTE 42, P.O. BOX 12	ELD GARDEN WV 26717
D	DRAPER, LEWIS	12580 LEE ROAD 279	VALLEY AL 36854
D	FARRELL, CAMERON	718-815 SHRODE LANE	STANDISH CA 92128
D	LEHR, JOHN	211 COTTON HILL RD.	EUFAULA AL 36027
D	MORELAND, GREGORY A	254 MAIN STREET	WESTERNPORT MD 21562

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>THOMAS, WARREN S</b> 281 AURIGA DRIVE ORANGE PARK FL 32073-2405	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc. 0000003457140--8
	City 12/12/00-01063-005 ****245.00 245.00 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

*Warren S. Thomas*  
**SIGNATURE REQUIRED**

Date 11-15-2000

REGISTERED AGENT MUST SIGN

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:** *Warren S. Thomas*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

11-15-00 904-363-0009  
Date Daytime Phone #

Block 7  
Additional Officers

S	Beard, Darby L.	5081-41 Sabal Palm Rd.	Fernandina Beach, FL 32034
T	Thomas, Warren S.	281 Auriga Drive	Orange Park, FL 32073-2405