

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N99000000606**

1. Corporation Name

**MISSION POSSIBLE OUTREACH MINISTRIES, INC.**

Principal Place of Business

**1919 GREENWOOD ST  
LAKELAND FL 33813**

Mailing Address

**4104 N APRIL STREET  
LAKELAND FL 33813**

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

5. FEI Number

**59-3557515**

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
PTD	COOK, ALFRED L	4101 NORTH APRIL STREET	LAKELAND FL 33813
VSD	COOK, DEBORA L	4101 NORTH APRIL STREET	LAKELAND FL 33813
D	LAWRENCE, DALE	900 NW 9TH AVE, 35F	MULBERRY FL 33860
			000012309450 02/11/03--01020--018 **8.75
			000012309450 02/11/03--01020--019 **297.50

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

**SPIEGEL & UTRERA, P.A.**

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

**1840 Southwest 22 Street**

Suite, Apt. #, Etc.

**4th Floor**

City

**Miami**

State

**FL**

Zip Code

**33145**

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. or 617.0505, F.S.

**SPIEGEL & UTRERA, P.A.**

Signature of  
Registered Agent

BY:

**Natalia Utrera, Vice President**

Date

**1/28/03**

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

**11-24-2002**

Daytime Phone #