

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000001866

1. Corporation Name

EAGLE WINGS TEACHING MINISTRIES OF CHRIST, INC.-  
INTERNATIONAL

Principal Place of Business

913 E. 15TH AVE  
TAMPA FL 33605-3318

Mailing Address

PO BOX 5041  
TAMPA FL 33675-5041

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 DEC 20 AM 11:44



REINSTATEMENT

01

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/22/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3561167	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				<input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	HORNE, DONALD A SR.	913 E. 15TH AVE	TAMPA FL 33605
DS	HORNE, ELLA M	913 E. 15TH AVE	TAMPA FL 33605
DT	HORNE, CAROLINE	913 E. 15TH AVE	TAMPA FL 33605

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01/04/02-01008-008

\*\*\*245.00 \*\*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORNE, ELLA  
913 E. 15TH AVE  
TAMPA FL 33605-3318

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

12/19/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/01

Daytime Phone #

813-275-9522