

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 13 PM 1:43

DOCUMENT # N99 000003400

**1. Corporation Name**

Revive To Rebuild Ministries, Inc.

500007629015--9

-09/10/02--01032--023

\*\*\*\*297.50 \*\*\*\*297.50

**2. Principal Office Address**

Douglas Harris

Suite, Apt. #, etc.

1907 Hamilton St

City & State

Quincy, FL

Zip

32351

Country

US

**3. Mailing Office Address**

108 N. Adam Street PMB 21

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-3-99

**5. FEI Number**

59-3589504

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

Douglas M. Harris

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

1907 Hamilton St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

**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

Douglas M. Harris

REGISTERED AGENT MUST SIGN

Date 8-13-02

**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	Harris, Douglas M	1907 Hamilton St	Quincy, FL 32351
D	Smith, Wendell	P.O. Box 986	Grater, FL 32332
D	Harris, Patricia S	1907 Hamilton St	Quincy, FL 32351
D	Harris, Douglas L	1939 Hamilton St	Quincy, FL 32351

**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:**

Douglas M. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/02

Date

850-627-8203

Daytime Phone #

CR2E081 (9/01)