

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 26 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000003936**

**1. Corporation Name**

BLOODLINE PRODUCTIONS MINISTRIES, INC.

**2. Principal Office Address**

4333 KANDRA COURT

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32812

Country

ORANGE

**3. Mailing Office Address**

4333 KANDRA COURT

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32812

Country

ORANGE

**REINSTATEMENT**

00-01

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

06/24/1999

**5. FEI Number**

59-3582721

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

COBB-TAYLOR, WALTHA MAE

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

4333 KANDRA COURT

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32812

300004193533-6

05/11/01-01001-026

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

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**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

Waltha Cobb-Taylor

REGISTERED AGENT MUST SIGN

Date

4/22/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PD	COBB-TAYLOR, WALTHA MAE	4333 KANDRA COURT	ORLANDO, FL 32812
VD	TAYLOR, GEORGE A.	4333 KANDRA COURT	ORLANDO, FL 32812
SD	PHELPS, DEMETRICH	1981 W. 6TH STREET	JACKSONVILLE, FL 32209

5/17/00 90856/015

\$61.25

**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:**

Waltha Cobb-Taylor

WALTHA COBB-TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

407/857-9007

Daytime Phone #