

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004148

1. Corporation Name

Tri-County Ministries Inc.

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

1599 Springhollow rd

Monticello FL

32336 Jefferson

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Shawnea Pritchett

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

149 Anderson Hill Road

Suite, Apt. #, Etc.

City

Lamont

State

FL

Zip Code

32336

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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

Shawnea Pritchett

Date 3/28/12

REGISTERED AGENT MUST SIGN

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
P	Marvin, Graham	149 Anderson Hill Rd	Lamont Florid 32336
VP	Rodney Schwab	2365 N US 19	Perry Florida 32347
S	Pritchett, Shawnea	149 Anderson Hill Rd	Lamont FL 32336
D	Gloria Graham	149 Anderson Hill Rd	Lamont FL 32336
ST	Katina Johnson	1879 Talley Am Ct	Tallahassee FL 32311
T	Gary Brett	2365 N US 19	Perry, Florida 32347

10. E-mail Address: Pritchett lady@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Shawnea Pritchett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/12 (850) 997-0506

Date

Daytime Phone #

3/28/12