PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 14 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004763

1. Corporation Name
Ambassadors fo Zion Ministries, Inc.

6205 S. Dale Mabry Hwy
P.O. Box 130088

REINSTATEMENT 01-05
MRD

2. Principal Office Address		**3.** Mailing Office Address	
6205 S. Dale Mabry Hwy		P.O. Box 130088	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33611	Country: Hillsborough	Zip: 33681-0088	Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 5 Aug 99

5. FEI Number: 62-1781581 ☐ 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: Bailey, Dana B. Pastor

Street Address (P.O. Box Number is Not Acceptable): 13440 White Elk Loop

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33626

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01/14/05--01055--012 **236.25
300043301373
12/09/04--01028--014 **8.75

CR2E081 (01/04)

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 _____ Date _____
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
PD	Bailey, Dana B.	13440 White Elk Loop	Tampa, FL 33626
VD	Bailey, Teresa M.	13440 White Elk Loop	Tampa, FL 33626
SD	Parker, Carzet Q.	6102 Webb Rd #912	Tampa, FL 33615
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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: DBB DANA B. BAILEY 2 Dec 04 (813)920-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #