PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

REIN	ISTATEMENT	<u>D</u>	IVISION OF CORPOR			03 DEC -3	AM O. F		
OCUMENT # N9900005306 . Corporation Name						03 DEC -3 AM 8:51 SECRETARY OF STATE TALLAHASSES, FLORIDA			
POSTOLIC FAMILY MINISTRIES, INC.					REIN	STATEN	FLORIDA FLORIDA		
Principal Place of Business Mailing Address						OIALLIV	ICIAI.	07	
			WAY SO WEST AFR 32506 Blue ANDEL PK						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					12/03	0002515 703-01047-	93406 033 **6	5 51.25	
		Suite, Apt. #		Applicable		porated or Qualified iness in Florida	09/03/	1999	
Suite, Apt.	#, etc.				5. FEI Numbe	er 59 - 360.1508_=		Applied For	
ip	Country	Zip	Country		6. CERTIFICAT	ICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
. Names	and Street Addresses of Each Off	icer and/or Director (FI	orida nonprofit corpora	tions must list at lea	ast 3 directors)	<u></u>			
Title(s)	and/or Direc	Name of Officers and/or Directors Street Address of E. Officer and/or Directors					City / State / 2	Zip	
PD	LIPSCOMB, BUFORD 6003 CHANDELLE CIRCLE 16461 TANGELARALLY				PENSACOLA FL 32507				
D	MAYES, BOB LIMBAUGH, M	31086 RIVER ROAD 210 BEIVA ST			CARROLLION, 6-A 30117				
ST	SUDDUTLY, WILLIAM &	9050 CARRIBEAN DR			PENSACOLA FL 32506				
D	SUMRALL, KEN	4901 FOREST CREEK DR			PACE FL 32571				
D	JOINER, L A	1620 SEMINOLE SANDS			VALDOSTA GA 31604				
		^	_						
	8. Name and Address of	Current Registered Ag	jent	Name	9. Name and Address of New Registered Agent				
	OMB, BUFORD		ويعضده من المستسبب	Street Address (F	P.O. Box Numbe	er is Not Acceptable)	<u> </u>	<u></u>	
2221 S BLUE ANGEL PKY PENSACOLA FL 32506 Suite,				Suite, Apt. #, Etc	e, Apt. #, Etc.				
C				City State Zip Code				Code	
Signature Registered	d Agent	REGISTERED A	GENT MUST SIGN			Date	1/2/	163	
this rei	y that I am an officer or dector or instatement application, the reason by the corporation have been paid	for dissolution has bee	n eliminated, the corpo	orate name satisfies	the requirement	ts of section 607.0401	or 617.0401, I	F.S., that all fees	

William Supports

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



A Family Ministry Cell of Church Foundational Network **Buford Lipscomb**, Pastor

2221 S. Blue Angel Pkwy • Pensacola, FL 32506

11/25/03

Florida Department of State Division of Corporations P o Box 6327 Tallahassee, FL-32314

Dear Sir or Madam, I recently received the attached Notice of Administrative Dissolution or Revocation. As you can see the mailing address is incorrect, and we never received the original renewal form. We moved from this property and our mail had been forwarded for a time. We somehow overlooked the notification of the Department of State when we moved. For this we do apologize, and ask your forgiveness. We are also asking your forgiveness and waiver of the penalties incurred. We are a not for profit corporation. We are now located at the corrected address on this revised form. I have enclosed the normal renewal fee of \$61.25.

Thank you in advance for your consideration in this matter. God bless you all.

William M. Sudduth Secretary Treasurer

Apostolic Family Ministries, Inc.