PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700307782977
01/12/18--01006--004 **297.50

CR2E081 (11/10)

DOCUMENT # N99000005594

1. Corporation Name
SAINT CITY MINISTRIES, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1415 DANIELS STREET	1415 DANIELS STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32310 Country: USA	Zip: 32310 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 9/21/1999

5. FEI Number 59-3318399 ☐ 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: HORACE SMITH

Street Address (P.O. Box Number is Not Acceptable): 1337 BLOSSOM CIRCLE

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32305

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: Horace Smith Date: JANUARY 12 2018
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
DP	Horace Smith	1337 Blossom Circle	Tallahassee, FL 32305
DS	Sabrina Williams	1415 Daniels Street	Tallahassee, FL 32310
DT	Dorothy Smith	1337 Blossom Circle	Tallahassee, FL 32305

10. E-mail Address: dorothysmith450@yahoo.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: Horace Smith Horace Smith 01-12-2018 850-576-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON