

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005949

1. Corporation Name

THE SPRINGS MINISTRY, CHRISTIANS IN ACTION, INC

Principal Place of Business

Mailing Address

1806 19TH AVENUE
VERO BEACH FL 32960

POST OFFICE BOX 6639
VERO BEACH FL 32961-6639



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0953832

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KRUSE, TERRY	1806 19TH AVENUE 4305 62 nd Ct.	VERO BEACH FL 32960
SD	KRUSE, DONNA	1806 19TH AVENUE 4315 62 nd Ct.	VERO BEACH FL 32960
STD	THIBEDAU, BEVERLY	475 14TH PLACE SW	VERO BEACH FL 32962

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KERR-WARD, ZENORA
5725 CORPORATE WAY
SUITE 206
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 (561) 994-3935

CR2E040 (8/00)

The Springs Ministry

PO Box 6639
Vero Beach, FL 32961

Phone 561-794-3935
Fax 561-794-3936

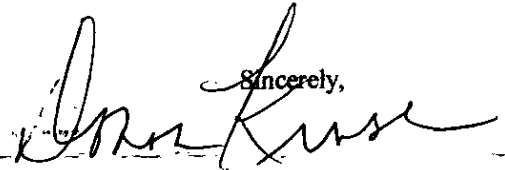
October 18, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Michelle,

I am writing as per our conversation on October 17, 2000. We discussed why The Springs, Corporation was revoked from the state for the year 2000 filing. What happened was we have two non-profit corporations and I sent the filing fees together with both filing paperworks. The fees were both put on Revival Now Document F #98000006297, FEI # 41-1803313 instead of one filing fee to Revival Now and one to The Springs Document N99000005949, FEI # 65-0953832. Please waive all penalty fees. Please apply 61.25 towards The Springs, Corporation. Thank you for your help in straightening this out.

Sincerely,



Vice President of The Springs Corp.
Donna Kruse