

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 22 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006166

1. Corporation Name

Men Teaming Up With Jesus MOI Inc.

600077140456  
07/07/06--01024--016 \*\*367.50

2. Principal Office Address

P.O. Box 1302

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34230

Country

SARASOTA

3. Mailing Office Address

3036 Bunche ST

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

**REINSTATEMENT**

04-186

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/99

5. FEI Number

65-0955569

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

Sherman R. Mayo

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

3036 Bunche St

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

Sherman R. Mayo

REGISTERED AGENT MUST SIGN

Date 6/6/06

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
Pres.	<u>Sherman R. Mayo</u>	<u>3036 Bunche St</u>	<u>SARASOTA, FL 34236</u>
V.P.	<u>Kevin Gunnells</u>	<u>5311 Yorkwood St</u>	<u>Houston, TX 77293</u>
Tres.	<u>David Benedict</u>	<u>707 67th Ave West</u>	<u>BRADENTON, FL 34207</u>
Dir	<u>Greg Cole</u>	<u>1308 Coconut Ave</u>	<u>SARASOTA, FL 34236</u>
Dir	<u>Michael Brown II</u>	<u>1675 24th Street</u>	<u>SARASOTA, FL 34234</u>
Dir	<u>MATHEW BROWN</u>	<u>1159 39th Street</u>	<u>SARASOTA, FL 34234</u>

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 contained in Chapter 119, 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:

Sherman R. Mayo

Sherman R. Mayo

Date

6/6/06

Daytime Phone #

941.351.5012

K. Eckel JUN 27 2006