

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 24 PM 1:48

DOCUMENT #

N99000006323

1. Corporation Name

Holy Ghost Triplet
Portion Ministry, INC

2. Principal Office Address

1750 N. Lime Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1750 N. Lime Ave

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34234

Country

Sarasota

Zip

34234

Country

Sarasota

4. Date Incorporated or Qualified To Do Business in Florida

10-22-99

5. FEI Number

65-0963891

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100008829841

11/06/02--01068--018 **192.50

7. Name and Address of Current Registered Agent

Name

Henry Phelps Jr.

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

1762 24th Street

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34234

8. 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

Henry Phelps Jr.

REGISTERED AGENT MUST SIGN

Date

Oct. 23, 2002

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
D.P. Pres.	Henry Phelps	1762 24 th Street	Sarasota, Fl. 34234
D.P. V.P.	Angie M. Phelps	1762 24 th St.	Sarasota, Fl. 34234
D.P. Sec.	Barbara Benson	1750 N. Lime Ave	Sarasota, Fl. 34234
D.P. Treas.	Mary Johnson	1750 N. Lime Ave 1326 14 th Street	Sarasota, Fl. 34234

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:

Henry Phelps Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 23, 2002

Date

941-957-0690

Daytime Phone #

CR2E081 (9/01)

PHelps Jr

HOLY GHOST TRIPLE PORTION MINISTRY

1762 24th Street
Sarasota, FL 34234

October 24, 2002

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

TO WHOM IT MAY CONCERN:

*We did not receive any notices
from your office in the year 2000.*

Please accept this letter as a request to waive the fee to reinstate the Holy Ghost Triple Portion Ministry back into active status. I found out just last week that the ministry was not in an active status by an attempt to transact some business.

I am unable to locate any documents to show that it is a requirement to submit a reinstatement fee each year or recall receiving any notice from your division of a due date.

Therefore, as this ministry is a non-profit institution, that provides daily upward mobility and interpersonal assistance to the community in which it is located, I appreciate your cooperation in adhering to this request. As instructed by a telephone conversation from your office, I am enclosing a check in the amount of \$183.75 and a completed Corporation Reinstatement Form to reinstate the ministry into active status as of November 1, 2002.

If there is any other information that I can provide to clear up this matter, please do not hesitate to contact me at (941) 957-0690, or (941) 284-7248.

Thank you for your immediate assistance.

Sincerely,

Henry Phelps Jr.

Henry Phelps, Jr.
President

Enclosure