

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 18 PM 1:41

DOCUMENT # N99000006423

1. Corporation Name

ENDTIME CROSSROAD MINISTRY INC

800171547688
03/05/10--01001--002 **70.00

KS

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #

990 martin luther king blvd

Suite, Apt. #, etc.

3. Mailing Office Address

p.o box 1055

Suite, Apt. #, etc.

City & State

Wauchula Florida

City & State

Zolfo springs florida

Zip

33873

Country

united states

Zip

33890

Country

united states

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

5. FEI Number

65-095-2215

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

Williams, Delorisj

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

909 Martin Luther king Blvd

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

800171547688
03/19/10--01002--002 **61.25

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

Deloris Williams
REGISTERED AGENT MUST SIGN

Date

3-4-2010

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
PD	Williams, Delorisj	909 Martin Luther king Blvd	wauchula florida 33873
VD	Williams Ralph	909 Martin Luther king Blvd	wauchula florida 33873
TD	Fredrick Victoria	659 Sally Place	wauchula florida 33873
S	Thompkins Tamie	635 south 5thave apt C 202	wauchula florida 33873
T	McMillian Micheal D	1902 Emilyblvd	Winter haven florida 33884

10. E-mail Address: delwwjd@embarqmail.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., 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.

SIGNATURE:

Deloris Williams

Deloris J. Williams

3/5/2010

8638322719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #