

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 10:26

DOCUMENT # N99000007234

1. Corporation Name

MICHELLE D. KELLY MINISTRIES, INC.

Principal Place of Business

Mailing Address

4205 E. RICHMERE STREET
TAMPA FL 33617

4205 E. RICHMERE STREET
TAMPA FL 33617

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

59-3611276

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KELLY, MICHELLE	4205 E. RICHMERE STREET	TAMPA FL 33617
SD	WRIGHT, TIFFANY	7600 WILLIOW PARK DRIVE	TAMPA FL 33637
TD	GRAY, HAYLEY	3605 E. SHADOWLAWN AVENUE	TAMPA FL 33610
SD	Letha Elder	4206 1/2 Temple Hight Tampa, FL 33619	Tampa FL 33610
			600004661226--7
			-10/31/01--01058--002
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

KELLY, MICHELLE
4205 E. RICHMERE STREET
TAMPA FL 33617

9. Name and Address of New Registered Agent

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

Michelle Kelly

REGISTERED AGENT MUST SIGN

Date 10-14-01

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:

Michelle Kelly Michelle Kelly President 10-14-01 813-938-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)