

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

FILED

02 FEB 26 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117185

1. Corporation Name 24:7 Ministries, Inc.

01/22/02  
YBR

2. Principal Office Address 404 Magnolia Drive  
3. Mailing Office Address 404 Magnolia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka, FL

Zip 32177

Country Putnam

Zip 2177

Country Putnam

4. Date Incorporated or Qualified To Do Business in Florida Dec. 27, 2000

5. FEI Number 59-3690304

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roger L. Laney, III, P.A.

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

1378 N. Rail Road Ave.

Suite, Apt. #, Etc.

City

Chipley

State FL

Zip Code 32428

300005065009--3  
-03/07/02--01068--025  
\*\*\*\*300.00 \*\*\*\*300.00

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	Ryan Raymond	404 Magnolia Drive	Palatka, FL 32177
V/D	Jennifer Raymond	404 Magnolia Drive	Palatka, FL 32177
D	Amos Price	205 Holly Lane	Palatka, FL 32127

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:

Ryan Raymond

2/21/02 (386) 937-0757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 FEB 26 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P15536

**1. Corporation Name**

CIDECO, INC.

**2. Principal Office Address**

20533 Biscayne Blvd.

Suite, Apt. #, etc.

PMB #494

City & State

Aventura, Florida

Zip

33180

Country

USA

**3. Mailing Office Address**

20533 Biscayne Blvd.

Suite, Apt. #, etc.

PMB #494

City & State

Aventura, Florida

Zip

33180

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/10/87

**5. FEI Number**

62-0953037

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-02

**7. Name and Address of Current Registered Agent**

Name

Thomas B. Putnam, Jr., Esquire

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

141 5th Street, NW

Suite, Apt. #, Etc.

City

Winter Haven,

State

FL

Zip Code

33881

800005064868-4

-03/07/02--01061--028

\*\*\*1208.75 \*\*\*1208.75

**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

*Thomas B. Putnam, Jr.*  
REGISTERED AGENT MUST SIGN

Date 2/25/02

**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
P/D	Haim Zukerman	20533 Biscayne Blvd. PMB #494	Aventura, FL 33180
S	Melissa Jones	20533 Biscayne Blvd. PMB #494	Aventura, FL 33180

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 466 2295

CR2E081 (9/01)

2052



404 Magnolia Drive  
Palatka, Florida 32177  
Phone (386) 325-4907  
[Ryanraymond247@hotmail.com](mailto:Ryanraymond247@hotmail.com)

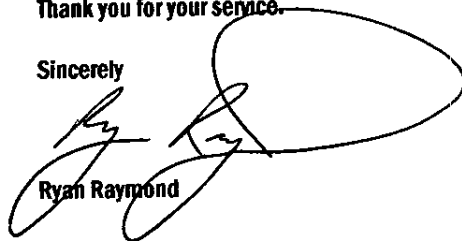
February 21, 2002

To Florida Department of State Reinstatement Section:

I am submitting my payment to you for the Uniform Business Report for 2000 and 2001. I never received a letter from your office stating that 24:7 Ministries, Inc. was dissolved because of the change of my address. My wife and I purchased a new home and moved last year to a new address; therefore, we never received your letter. I am sorry for the confusion, but I would like to reinstate 24:7 Ministries, Inc. in the state of Florida.

I would also like to inform you of our new address. The principal office address has moved from 607 S. Moody Road to 404 Magnolia Drive, Palatka, FL 32177. This is the only change that I wish to inform you of. Thank you for your service.

Sincerely



Ryan Raymond