


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR -6 PM 12:44

|                                                               |  |                                                                                   |
|---------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P19219                                             |  |  |
| 1. Entity Name<br>THE "OPEN DOOR" MISSIONARY FELLOWSHIP, INC. |  |                                                                                   |

|                                                                      |                                                      |
|----------------------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business<br>616 LAKESIDE DR<br>SEMINOLE, FL 33772 | Mailing Address<br>PO BOX 4248<br>SEMINOLE, FL 33775 |
|----------------------------------------------------------------------|------------------------------------------------------|

|                                                                             |                                           |
|-----------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><u>616 Lakeside Drive</u> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-----------------------------------------------------------------------------|-------------------------------------------|

|                                     |                            |
|-------------------------------------|----------------------------|
| City & State<br><u>Seminole, FL</u> | City & State               |
| Zip<br><u>33772</u>                 | Country<br><u>Pinellas</u> |



02162009 REIN-NP CR2E099 (1/07)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>36-3618858                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required                         |

|                                                                                                               |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>PETERS, HERBERT H<br>616 LAKESIDE DR<br>SEMINOLE, FL 33772 | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ FL Zip Code _____ |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Herbert H. Peters DATE May 1, 2009

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                                    |                                                                                              |                                                              |
|------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$122.50</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | <b>Make check payable to<br/>Florida Department of State</b> |
|------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                  |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>PETERS, HERBERT H<br>616 LAKESIDE DR<br>SEMINOLE, FL 33772 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>800148823388</b><br><b>04/06/09--01045--036 **131.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HELLMINTOLLER, DAVID<br>201 164TH AVE.<br>ST. PETERSBURG, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PETERS, REYNOLD RAY<br>12727-29TH ST W<br>BEACH PARK, IL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>FERGUSON, JIM<br>1160 LINNS MILL RD.<br>TROY, MO 63379 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |

**REINSTATEMENT 08-09KS**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert H. Peters DATE May 1, 2009 727 398 4292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR