

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM..

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002629

1. Corporation Name

Proclaim! International Ministries, Inc.

2. Principal Office Address

3581 Cardinal Point Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32257

Country

USA

3. Mailing Office Address

P.O. Box 56888

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32241

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 18 AM 8:00

REINSTATEMENT

02-04
MRS

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

5/20/94

5. FEI Number

93-0799236

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

John Bowers

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

2911 Scott Mill Lane

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32223

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

John Bowers

REGISTERED AGENT MUST SIGN

Date 2/16/04

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	John Bowers	2911 Scott Mill Lane	Jacksonville, FL 32223
V/D	Christine Clark	5386 Tulane Avenue	Jacksonville, FL 32207
S/D	Charles Rogers	9627 Wexford Road	Jacksonville, FL 32257
C/D	Dave Strathmann	11374 Tacito Creek Dr. S.	Jacksonville, FL 32223

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:

John Bowers

John Bowers

2/16/04

904-739-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)