## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		Secr	PARTMENT OF stary of State of corporation		06 M#	FILE	D 1 <b>m 10: 14</b>	
DOCUMENT # NO 100000 4285  1. Corporation Name						SLURETARY OF STATE TALLAHASSEE, FLORIDA			
P-3 Ministries, Inc.  2. Principal Office Address 1953 W 944 84. 1953 W. 944 St.						68-28-03 O1018 629 \$76-25			
Suite, Apr. # City & State  JA Zip 326		, uval	City & Starte  City & Starte  Zip  3990	FL. G Du	<i>Jal</i>	4. Date incorp To Do Bush 5. FEI Numbe	orated or Qua	2/68	Applied For Not Applicable  Unitional Fee required entitions or Status
To Name and Address of Current Registered Agent  Name Rev. Delegy Jackson, SR,  Street Address (P.O. Blox Number is Not Acceptable)  Suite, Apt. #, Etc.  City Jackson Ville  The State Suite Su									
8. 1, 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 Registered Agent Registered Register									
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 / Z	12 JOHO
DP	Percy Jackson, SR. 2068 old				Middleburg JAX, Fc. 32210				
T	Milledge Smalls 823 Mackingw 8. Tax						, FL.	7255	
T	DAVID	Walke	2 3	540 Myr	ast		JAX	, (, FL. 3	32205
TC	VICKY	MCKin	non /	5/9 W. =	26H S	J.	JAX.	FL. 35	2209
S	ANNIE	SANde	ers 10	795 Apple	. Blossi	om Telf	JAX	, FL. 3:	2218
W	percy:	JACKSON	7 JR 8.	50 SDVING	Havet	lu E.	Jak	F1.32	244
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 filling 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 contained in Chapter 119, 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: PLAN SWING OFFICER OR DIRECTOR Date On Displane Prome #									

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

## N01000004285

FEI# 59-3726168

Per conversation over phone \$\frac{4}{28}/06\$, I was told to send \$183.75 and send letter explaining we did not receive letter asking for additional info. To complete Reg. I was told Reg. did not have FEI # on it, we never receive any thing about it.

We are sending \$183.75 per conversation we did not know Corp. was dissolve Thanking you in advance

P-3 Ministries, Inc. Pastor, Percy Jackson, Sr.

Greater New Mount Moriah Missionary Bapt. Church 1953 West 9<sup>th</sup> Street Jax, Fl. 32209

Any question? Please call 904-768-3685 Sis. Vicky McKinnon, Chairman of Finance Again, Thank you.