

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 25 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731885

1. Corporation Name

Interfaith Jail Ministries, Inc.

2. Principal Office Address - No P.O. Box #  
2935 North L St

3. Mailing Office Address  
P.O. Box 18111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Fl

City & State

Pensacola, Fl

Zip

32501

Country

Zip

32523

Country

7. Name and Address of Current Registered Agent

Name

Keith Harris

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

2012 Joshua Dr.

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

*Keith Harris*

Date 05/21/10

REGISTERED AGENT MUST SIGN

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
Pres	Keith Harris	2012 Joshua Dr.	Cantonment, Fl 32533
VP	John Wollschlager	7173 Woodside Rd.	Pensacola, Fl 32526
Sec	O. Lynn Davis	7165 Woodside Rd.	Pensacola, Fl 32526

10. E-mail Address: N/A

(To be used for future annual report notification)

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. I further certify, 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:

*Keith Harris*

Keith Harris

05/21/10 436-9507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100181341881  
05/25/10--01032--004 \*\*358.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/75

5. FEI Number

59-1591810

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.