

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 AM 11:41

DOCUMENT # **F94000002629**

1. Corporation Name

Proclaim International Ministries, Inc.

2. Principal Office Address

3581 Cardinal Pt. Dr. P.O. Box 32405

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip **32257**

Country

USA

3. Mailing Office Address

P.O. Box 32405

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32337

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/1994

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

700004733737-6

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

2911 Scott Mill Lane

-12/20/01--01024--002

*****245.00 ***245.00**

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32217

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

Date **11/20/2007**

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/D	John Bowers	2911 Scott Mill Lane	Jax FL 32217
V.P/D	Christine Clark	5386 Tulane Ave.	Jax FL 32207
Sec/D	Charles Rogers	9627 Wexford Rd	Jax FL 32257
Chap/Bk.	Dave Strathman	12451 Muscovy Dr.	Jax FL 32223
REINSTATEMENT 2001			
7/3 CUS			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2007
Date

904-739-0065
Daytime Phone #

CR2E081 (9/00)