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	Secretary of State //SION OF CORPORATIONS	į	AMI, TONS	and the state of t		
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a Corporation Name				I I I I I I I I I I I I I I I I I I I		
Proclaim Internation				and the state of t		
Proclaim Internation	al Ministries, he			maxion .		
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2. Principal Office Address 3. Mailing	Principal Office Address 3. Mailing Office Address			The day		
3581 Cardinal P. Dr. P.O.	Box 32405					
Suite, Apt. #, etc. Suite, Apt. #		<b>-</b>				
, — · · · · · · · · · · · · · · · · · ·		4. Date Incorporated or	Qualified			
City & State City & State		To Do Business in Flo	orida 5/20/1994	Topical and a second a second and a second and a second and a second and a second a		
		5. FEI Number	Applied For	. ]		
Jacksonville, Fr. Jack	envile, th	93-079	9 92 36 Not Applicat	ble		
Zip 32257 Country 32 33	Country USA	6. CERTIFICATE OF STATU	S DESIRED S8:75 Additional Fee requirements for a Certificate of Statu	uired.		
3220 1 VWA 3273	NO A	SERTITION TO STATE	for a Certificate of State	us		
7.	Name and Address of Current Regist	tered Agent		Comments		
Name				A CONTRACTOR OF THE CONTRACTOR		
John Bawe	<i>1</i> 3		D <b>47</b> 33737 <del>1</del> -6 2/20/0101024002	The state of the s		
Street Address (P.O. Box Number is Not Acceptable)  -127 207 01 01024 010						
Suite, Apt, #, Etc.	1411 Aure			Control of the Contro		
	a de la companya de l	the state of the comment of the state of				
City 1/1		State	Zip Code	St. Market and St. Ma		
Jachemrille,	PL.	FL	32217			
8. I, being appointed the registered agent of the above named corp	oration, am familiar with and accept the	obligations of section 607.050	05 or 617.0503, F.S.	(6),00		
Signature of Registered Agent Date 11/20/2007						
Registered Agent Pate Property Page Property					1	
REGISTERED A	GENT MOST SIGN	TO SECURE OF THE PARTY OF THE P			Silke 1	
9. Names and Street Addresses of Each Officer and/or Director (F	lorida nonprofit corporations must list at	least 3 directors)		- I was a second of the second		
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	ach tor	City / State / Zip	A CONTRACTOR OF THE CONTRACTOR		
	-	···				
Red John Bowers	2911 Scott Mill	Lune JA	4 FL 32217	And the state of t		
Y.P.D Christine Clark	5386 Tuline	. Ane. ZA	4x FZ 32207	1		4116
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Chr. Brd. Dave Strathman	~ 12451 Mus	cory Dr. J.	40 FL 32223			
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10. I certify that I am an officer or director or the receiver or trustee of this reinstatement application, the reason for dissolution has been application.	en eliminated, the corporate name satisfi-	es 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 indivi on this application is true and accurate, and my signature shall h			119.07(3)(i), F.S. The information indicated	d I	Account	
	vilot ad ii madb ant			10 (10 m)	in the second se	
SIGNATURE: Some		11/20/2007	CN1. 770 MAY 6	Topic Times		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF		Date	904 - 739 - 06 6 5 Daytime Phone #	According to		
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