PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 18 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H40254

1. Corporation Name

PREACHING RESOURCES, INC.

Principal Place of Business	Mailing Address
409 GODFREY AVE. LOUISVILLE KY 40206 US	% JAMES L DUDUIT 1529 CESERY BLVD. JACKSONVILLE FL 32211

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9L

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
24 Stonecreek Circle	
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.
City & State: Jackson, TN	City & State
Zip: 38305 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/25/1985

5. FEI Number: 59-2530589 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
V	DUDUIT, JAMES L	5422 SPRING BROOK RD.	JACKSONVILLE FL
P	DUDUIT, J. MICHAEL	~~409 GODFREY AVE.~~ 61 TORREY PINES	~~LOUISVILLE KY~~ JACKSON, TN 38305
S	DUDUIT, LAURA	~~409 GODFREY AVE.~~ 61 TORREY PINES	~~LOUISVILLE KY~~ JACKSON, TN 38305
T	DUDUIT, SHIRLEY B.	5422 SPRING BROOK RD.	JACKSONVILLE FL

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-11/21/96--01044--011
****375.00 ****375.00

VBL-19-9L

8. Name and Address of Current Registered Agent

DUDUIT, JAMES L.
1529 CESERY BLVD.
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JAMES L DUDUIT SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10-25-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: JAMES L DUDUIT SIGNATURE REQUIRED 10-25-96 904 724-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AP