


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # *N 00000000 950*

1. Corporation Name

*Clarion Call Family Ministries, INC.*

2. Principal Office Address

PO Box 23632

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32241

Country

Duval

3. Mailing Office Address

PO Box 23632

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32241

Country

Duval

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 12 AM 8:00

400032467884  
04/12/04--01058--014 \*\*358.75

**REINSTATEMENT** *02-04*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
597172113

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

Rockwell A Morris

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

11247 San Jose Blvd

Suite, Apt. #, Etc.

1902

City

Jacksonville

State  
FL

Zip Code  
32223

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

*Rockwell A Morris*  
REGISTERED AGENT MUST SIGN

Date

*3/31/04*

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
P	Rockwell A Morris	11247 San Jose Blvd, 1902	Jacksonville, Florida 32223
V	Jon Cooper	174 Edgewater Branch Dr	Jacksonville, Florida 32259
ST	Theresa A Morris	11247 San Jose Blvd, 1902	Jacksonville, Florida 32223
D	Doug Drelich	12869 Shumard Place	Jacksonville, Florida 32246
D	Eric Jones	10743 Cypress Bend Drive	Boca Raton, Florida 33498
D	Rusty Nelson	112 Stonebend Circle	Harvest, Alabama 35749

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:

*Rockwell A Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/31/04*

(904) 651-9805

Daytime Phone #

CR2E081 (01/04)