PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 FEB -3 A 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003205

1. Corporation Name

JIM & DEBI HIGGINS MINISTRIES, INC.

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10205 Bennington Dr.		10205 Bennington Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
33626	USA	33626	USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/2000

5. FEI Number: 59-3648123 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James A. Higgins

Street Address (P.O. Box Number is Not Acceptable): 10205 Bennington Dr.

Suite, Apt. # Etc.

City: Tampa | State: FL | Zip Code: 33626

☐ The 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.

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of Registered Agent: James A. Higgins (REGISTERED AGENT MUST SIGN) Date: 01/30/09

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
Presidei	James A. Higgins	10205 Bennington Dr.	Tampa/FL/33626
VP	Debi N. Higgins	10205 Bennington Dr.	Tampa/FL/33626
Secretai	Larry N. Henley	18002 Clear Lake Dr.	Lutz/FL/33549
Director	Don Meares	12602 Longwater Dr.	Mitchellville/MD/20721

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REINSTATEMENT
01-09

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 with 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 contained in Chapter 119, 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 A. Higgins — James A. Higgins (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 01/30/09 (Date) — (813)546-5363 (Daytime Phone #)