

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 24 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1100000005359

1. Corporation Name

IN THE POTTER'S HOUSE MINISTRIES,
INC

2. Principal Office Address

4241 EAGLE WATCH BLVD

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL.

Zip

34685

Country

PINELLAS

3. Mailing Office Address

4241 Eagle Watch Blvd

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34685

Country

PINELLAS

REINSTATEMENT

08-29-03 01070 001

236.75

4. Date Incorporated or Qualified To Do Business in Florida

August 16, 2000

5. FEI Number

59-3667003

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

GIOVANNA Pepe

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

4241 EAGLE WATCH BLVD

Suite, Apt. #, Etc.

PALM HARBOR

State

FL

Zip Code

34685

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

Giovanna Pepe

REGISTERED AGENT MUST SIGN

Date

Sept. 18, 2003

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
D P	GIOVANNA Pepe	4241 EAGLE WATCH BLVD	PALM HARBOR FL 34685
D S/T	DONNA JALKANEN	4241 EAGLE WATCH BLVD	PALM HARBOR, FL 34685
D VP	Helen Semonchik	3639 2nd Ave North	ST PETERSBURG, FL 33713

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: DONNA JALKANEN *Donna Jalkanen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-24-03

Daytime Phone #

(727) 789-9714

CR2E081 (10/02)