

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV -5 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005792

1. Corporation Name

Faith In His Name Ministries, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 60906

Suite, Apt. #, etc.

City & State

JAX FL

Zip

32236

Country

Duval

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/01

5. FEI Number

593737530

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

David F Oliver

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

7410 Sharbeth Dr S

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

*David F Oliver*

Date

11/02/04

REGISTERED AGENT MUST SIGN

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
Chairman	David Oliver	7410 Sharbeth Dr S	JAX, FL 32210
Pre	Louise Watson	7579 N Java Ln	JAX, FL 32210
W-2 1st	Mary Epps	7160 Pickett St	JAX, FL 32208
Sec	Sabrina Hall	7886 Steamboat Sprng Ct	JAX, FL 32210
Chairman	Fred Gooden	1179 E 15 Street	JAX FL 32206
1st Sec	Andre McQueen	8985 Normandy Blvd #83	JAX FL 322

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:

*David F Oliver* 11/02/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 573-0198

Daytime Phone #

CR2001 (01/04)