

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 18 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002594

1. Corporation Name

THE House of Mercy Ministries, Inc.

2. Principal Office Address

14256 S.E. 45th Place

Suite, Apt. #, etc.

3. Mailing Office Address

2349 McCarty Drive

Suite, Apt. #, etc.

City & State

Starke FL

City & State

Jacksonville FL

Zip

32091

Country

U.S.A

Zip

32210

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-10-02

5. FEI Number

74-312-1371

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 Freda Foster

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

14446 South East 19th Street

Suite, Apt. #, Etc.

City

Starke

State

FL

Zip Code

32091

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

Freda Foster

REGISTERED AGENT MUST SIGN

Date 5-12-04

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 |
|--------|--------------------------------------|---|------------------------|
| PD | Joyce C. Revel | 2349 McCarty Drive | Jacksonville, FL 32210 |
| VD | Julie B. Griffin | 1002 Oak Street | Starke, FL 32091 |
| SD | Barbara Woods | 14446 S.E. County Road 100A | Starke, FL 32091 |
| TD | Annie McFadden | 703 Ida Street | Starke, FL 32091 |
| | | | |
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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:

Joyce C. Revel
Joyce C. Revel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-04 (904) 786-5596

Date

Daytime Phone #