

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N02000005367

1. Corporation Name

CLEAR & PRESENT TRUTH MINISTRIES, INC.

Principal Place of Business

Mailing Address

6343 KNIGHTS LN N  
JACKSONVILLE FL 32216-5604

6343 KNIGHTS LN N  
JACKSONVILLE FL 32216-5604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	JARRELL, CLARENCE E	6343 KNIGHTS LN N	JACKSONVILLE FL 32216
VD	JARRELL, TERRI L	6343 KNIGHTS LN N	JACKSONVILLE FL 32216
SD	CLIFTON, C.W. L	501 E BAY ST	JACKSONVILLE FL 32202
D	JARRELL, SHARON R	6343 KNIGHTS LN N	JACKSONVILLE FL 32216
D	SCHUMACHER, JOHN	501 E BAY ST	JACKSONVILLE FL 32202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JARRELL, CLARENCE E  
6343 KNIGHTS LN N  
JACKSONVILLE FL 32216-5604

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

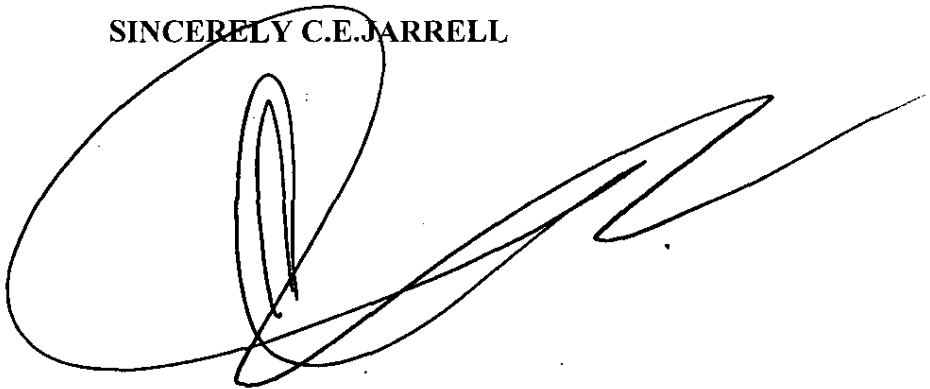
Daytime Phone #

CR2E040 (7/03)

**CLEAR & PRESENT TRUTH MINISTRIES, INC.**

**TO WHOM IT MAY CONCERN I DID NOT RECEIVE ANY LETTER  
ADVISING ME THAT I WAS IN VIOLATION OF ANY OF THE STATE RULES  
OR REGULATIONS REGARDING MY TAX FORMS. I HAVE SUBMITTED  
TO BE REINSTATED AND A CHECK IS PROVIDED. THE OPERATOR I  
CALLED AT YOUR OFFICE ADVISED ME THIS WOULD BE THE PROCESS.**

**SINCERELY C.E. JARRELL**

A large, stylized handwritten signature in black ink, appearing to be 'C.E. Jarrell', written over the typed name.