

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

03 DEC 26 AM 11:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **N02000005672**

1. Corporation Name

**INNER PEACE: ENTER PEACE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

4990 COUNTY RD 12  
 TALLAHASSEE FL 32312

4990 COUNTY RD 12  
 TALLAHASSEE FL 32312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

07/26/2002

5. FEI Number

38-3655518

Applied For

Not Applicable

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
XVP/D	SAILOR, ARIE	3013 SHAMROCK ST S	TALLAHASSEE FL 32308
X T/D	RAY, SYMENTHIA	2712 W THARPE ST APT G-47	TALLAHASSEE FL 32303
S	DANZEY, CARMELITA	P.O.BOX 4184	TALLAHASSEE FL 32315
<del>X D</del>	<del>BROWN, LINDA</del> Jones, Julia	<del>42313 JACKSON BLUFF #80</del> 4990 County Road 12	<del>TALLAHASSEE FL 32304</del> Tallahassee, FL 32312
M	PLATT, OMAR	4990 COUNTY RD 12	TALLAHASSEE FL 32312
P	Jones, Julia	4990 County Road 12	Tallahassee, FL 32312

8. Name and Address of Current Registered Agent

JONES, JULIA M  
 4990 COUNTY RD 12  
 TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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

*Julia M. Jones*  
 REGISTERED AGENT MUST SIGN

Date 10/17/03

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:

*Julia M. Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03  
 Date

412-7357  
 Daytime Phone #

CRE040 (7/03)