

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 DEC 26 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N02000005672**

1. Corporation Name

INNER PEACE: ENTER PEACE MINISTRIES, INC.

Principal Place of Business

4990 COUNTY RD 12
TALLAHASSEE FL 32312

Mailing Address

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	SAILOR, ARIE	3013 SHAMROCK ST S	TALLAHASSEE FL 32308
X T	RAY, SYMENTHIA	2712 W THARPE ST APT G-47	TALLAHASSEE FL 32303
S	DANZEY, CARMELITA	P.O.BOX 4184	TALLAHASSEE FL 32315
X D	BROWN, LINDA	42313 JACKSON BLUFF #80	TALLAHASSEE FL 32304
	Jones, Julia	4990 County Road 12	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
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

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

Date

10/17/03

Daytime Phone #

412-7357

CR2E040 (7/03)