


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02000006044

1. Corporation Name

HAZON MINISTRIES, INC.

2. Principal Office Address - No P.O. Box #

6855 W. Highway 40

Suite, Apt. #, etc.

Suite F

City & State

Ocala, FL

Zip

34482-8254

Country

USA

3. Mailing Office Address

6855 W. Highway 40

Suite, Apt. #, etc.

Suite F

City & State

Ocala, FL

Zip

34482-8254

Country

USA

000133823040
07/31/08--01032--011 **481.25

REINSTATEMENT
CF22081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2002

5. FEI Number

593532934

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

RUNETTE C. JONES

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

1602 NW 20th Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Runette C. Jones
REGISTERED AGENT MUST SIGN

Date

7/30/08

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
P/D	RUNETTE C. JONES	1602 NW 20th Avenue	Ocala, FL 34475
V/D	KATHY THOMAS	100 NW 23rd Avenue	Ocala, FL 34475
S/D	WILLIAM H. JONES, SR.	1602 NW 20th Avenue	Ocala, FL 34475
T/D	FELECIA LEWIS	5871 NW 65th Place	Ocala, FL 34482

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 contained in Chapter 119, 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

Runette C. Jones

Date

7/30/08

(352)867-0158
Daytime Phone #

7/31/08