

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # N02000006075

1. Corporation Name

HIGHER GROUND OUTREACH MINISTRIES INC.

Principal Place of Business

Mailing Address

8159 ARLINGTON EXPRESSWAY  
STE 1  
JACKSONVILLE FL 32244  
US

8159 ARLINGTON EXPRESSWAY  
STE 1  
JACKSONVILLE FL 32244  
US

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

1759 Parkwood St

1759 Parkwood St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip 32207

Country USA

Zip 32207

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/2002

5. FEI Number

41-2080480

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
P	Otis Baxter	2744 Canyon Falls	Jacksonville FL 32224
VP	Vinetta Bennett	923 Trailmore St	Sumter SC 29154
C	Audrey Baxter	2744 Canyon Falls	Jacksonville FL 32224

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAXTER, AUDREY J  
2744 CANYON FALLS DRIVE  
JACKSONVILLE FL 32224

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

3/20/04

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 #



000031287170

03/26/04--01079--030 \*\*61.25

REINSTATEMENT

600050750506

04/14/05--01014--002 \*\*122.50

CR2E040 (7/03)

282

*Higher Ground Outreach Ministries*

*1759 Parkwood Street  
Jacksonville, FL 32207  
(904) 398-3396*

March 20, 2004

Division of Corporations  
Reinstatement Section  
Post Office Box 6327  
Tallahassee FL 32314-6327

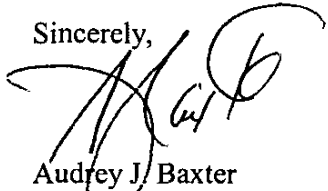
Dear Sir/Madam:

I am requesting that you waiver all reinstatement fees for Higher Ground Outreach Ministries.  
Higher Ground never receive the notice to file a UBR.

Enclosed is our check for \$61.25.

Thank you for your consideration. Feel free to call me a 904-821-5386 Home.

Sincerely,



Audrey J. Baxter  
Administrator