

Att: Tina Carter

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -4 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100104106281

06/08/07--01005--007 **245.00

DOCUMENT # N03000001113

1. Corporation Name

JESUS IS AWAY MAKER MINISTRY, INC.

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

405 McLAUGHLIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4564

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

City & State

ST. AUGUSTINE, FL

Zip

32085-4564

Country

7. Name and Address of Current Registered Agent

Name

ANDREW McGLOCKING

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

405 McLAUGHLIN ST.

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32084

REINSTATEMENT 04-07
CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/03/03

5. FEI Number

74-3072086

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Andrew McGlocking

REGISTERED AGENT MUST SIGN

Date

5/31/07

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
PD	ANDREW McGLOCKING	254 STILLWELL AVE	PALATKA, FL 32177
T	ALICE McGLOCKING	254 STILLWELL AVE	PALATKA, FL 32177
SD	LESLIE HINES	3500-B County Road 214	ST. AUGUSTINE - 32084
C.O.	Lillie Rose Lettsome	400 McLaughlin ST.	ST. AUGUSTINE - 32084

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:

Andrew McGlocking

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07

Date

(904) 824-7725

Daytime Phone #

26/4