

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03000003757

1. Corporation Name

JEREMY HARVEY MINISTRIES, INC.

Principal Place of Business

18002 RICHMOND PL DR, APT 0224
TAMPA FL 33647

Mailing Address

PO BOX 48568
TAMPA FL 33647

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 08/24/2001
919 Summer Breeze Dr. Suite, Apt. #, etc.	919 Summer Breeze Dr. Suite, Apt. #, etc.	5. FEI Number 59-3738360
City & State Brandon Florida Zip 33511	City & State Brandon Florida Zip 33511	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HARVEY, JEREMY	18002 RICHMOND PL DR, APT 0224 159 Mokumanu Dr	TAMPA FL 33647 Kailua HI 96734
+	WAVRA, WILLIAM	5701 S MOPAC EXPRESS WAY #1612	AUSTIN TX 78749
ST	COETZEE, JODI	8515 OSPREY LAKE DR. 91-1052 Polea #28H	FAIRVIEW FL 33569 Ewa Beach HI 96706
+	LEGER, KELLEY	18002 RICHMOND PL DR, APT 0224	TAMPA FL 33647
D	Jeffrey M. Neal	919 Summer Breeze Dr.	Brandon FL. 33511
D	Justin Pettigrew	535 Kaimoke Loop	Kailua HI. 96734

8. Name and Address of Current Registered Agent:

HARVEY, JEREMY
18002 RICHMOND PL DR, APT 0224
TAMPA FL 33647

9. Name and Address of New Registered Agent:

Name Jeffrey M. Neal
Street Address (P.O. Box Number is Not Acceptable)
919 Summer Breeze Dr.
Suite, Apt. #, Etc.
City Brandon
State FL Zip Code 33511

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 2-05-04

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

02-05-04

808-741-1232

Date

Daytime Phone #