

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 # **N03000003757**

1. Corporation Name

**JEREMY HARVEY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

~~18002 RICHMOND PL DR, APT 3224~~  
~~TAMPA FL 33647~~

~~PO BOX 48558~~  
~~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,

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Brandon Florida**

**Brandon Florida**

Zip **33511**

Country

Zip **33511**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/24/2001**

5. FEI Number

**59-3738360**

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	HARVEY, JEREMY	<del>18002 RICHMOND PL DR, APT 3224</del> <b>159 Mokumanu Dr</b>	<del>TAMPA FL 33647</del> <b>Kailua HI 96734</b>
<del>T</del>	<del>WAVRA, WILLIAM</del>	<del>5701 S MOPAC EXPRESS WAY #1612</del>	<del>AUSTIN TX 78749</del>
ST	COETZEE, JODI	<del>8515 OSPREY LAKE DR</del> <b>91-1052 Polea #28H</b>	<del>RIVERVIEW FL 33569</del> <b>Ewa Beach HI 96706</b>
<del>T</del>	<del>LEGER, KELLEY</del>	<del>18002 RICHMOND PL DR, APT 3224</del>	<del>TAMPA FL 33647</del>
D	Jeffrey M. Neal	919 Summer Breeze Dr.	Brandon FL. 33511
D	Justin Pettigrew	535 Kaimeke Loop	Kailua HI. 96734

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HARVEY, JEREMY~~  
~~18002 RICHMOND PL DR, APT 3224~~  
~~TAMPA FL 33647~~

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:

**Jeremy Harvey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-05-04**

Date

**808-741-1232**

Daytime Phone #