


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 003000009268			
1. Corporation Name Tonya Hall ministries, Inc.			
2. Principal Office Address 4446 Hendricks Ave		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite #415		Suite, Apt. #, etc. Same	
City & State Jacksonville, FL		City & State Same	
Zip 32207	Country USA	Zip Same	Country Same

FILED

06 DEC -4 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT
CR2E081 (12/05) **04-06**

4. Date Incorporated or Qualified To Do Business in Florida	10/20/2003
5. FEI Number	161678826
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name LaTonya Lockhart / Tonya Hall		
Street Address (P.O. Box Number is Not Acceptable) 4446 Hendricks Ave		
Suite, Apt. #, Etc. Suite 415		
City Jax	State FL	Zip Code 32207

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

LaTonya Lockhart

REGISTERED AGENT MUST SIGN

Date **12-1-06**

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
Ms.	Tonya Hall	4446 Hendricks Ave Ste 415 Jacksonville 32207	President
Miss	LaTonya Lockhart	4446 Hendricks Ave Ste 415 Jax, FL 32207	Vice President
Mr.	Rodney Swinson	631 Izlar Street Waycross, GA 31501	Treasurer
Mrs.	Johnnie Swinson	631 Izlar Street Waycross Street 31501	Secretary

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12/04/06--01050--026 **367.50**

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:

LaTonya Lockhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-06

Date

Daytime Phone #

904.254.4482