

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N040000002263

1. Corporation Name

Sovereign Ministry INC.

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

2694 Myra St

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Office Address

5211 Timaquana Rd

Suite, Apt. #, etc.

#5

City & State

Jacksonville, FL

Zip

32210

Country

USA

7. Name and Address of Current Registered Agent

Name

Daniel A Lee

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

2694 Myra St

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32204

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**

Daniel A Lee
REGISTERED AGENT MUST SIGN

Date

8-25-08

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
DP	Daniel A Lee	2694 Myra St.	Jacksonville, FL 32204
DT	Dennis K Crawford	2694 Myra St.	Jacksonville, FL 32204
DS	Margret Lee	2558 Calvin St	Jacksonville, FL 32204

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:

Daniel A Lee
Daniel A Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-13-08
904-619-5812
Daytime Phone #

Daytime Phone #

FILED

08 AUG 28 PH 4:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800134552688

08/18/08--01054--001 **236.25

REINSTATEMENT

05-08

**4. Date Incorporated or Qualified
To Do Business in Florida** **02/25/2004**

5. FEI Number

None

☐ **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.**

800134552688
09/03/08--01004--001 **8.75

8/28