

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JAN 15 P 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007197

1. Corporation Name

FREEDOM PRISON MINISTRIES, INC.

200165253522  
01/15/10--01026--006 \*\*183.75  
CR2E081 (11/09)

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

633 COUNTY ROAD 163

Suite, Apt. #, etc.

City & State

HEADLAND, AL

Zip

36345

Country

U.S.

3. Mailing Office Address

PO BOX 458

Suite, Apt. #, etc.

City & State

ABBEVILLE, AL

Zip

36310

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/2004

5. FEI Number

20-2033476

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WELTON & WILLIAMSON LLC

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

1020 FERDON BLVD. SOUTH

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

☒ 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 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/14/10

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
CPD	D MICHAEL HAMM	633 COUNTY ROAD 163	HEADLAND, AL 36345
STD	MARLENE C. HAMM	633 COUNTY ROAD 163	HEADLAND, AL 36345
D	WILLIAM K. MADDOX	PO BOX 458	ABBEVILLE, AL 36310
D	SAMUEL C. MONEY	PO BOX 458	ABBEVILLE, AL 36310
D	JAMES RICH	PO BOX 458	ABBEVILLE, AL 36310
D	GINA NIXON	PO BOX 458	ABBEVILLE, AL 36310

10. E-mail Address: dmh@crossroadsranch.us

(To be used for future annual report notification)

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. I further certify, 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:

D MICHAEL HAMM

12-16-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

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**FREEDOM PRISON MINISTRIES, INC.**

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**2010 JAN 15 P 3 23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

**DIRECTOR, JERRY NELSON, PO BOX 458, ABBEVILLE, AL 36310**