

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -7 AM 8:52

DOCUMENT # N 04000011859

1. Corporation Name

EMMANUEL Homeless And Outreach Ministry Inc

2. Principal Office Address

511 Martin L. King Drive

Suite, Apt. #, etc.

City & State

Macleenny, FLA.

Zip

32063

Country

Baker

3. Mailing Office Address

P.O. Box 884

Suite, Apt. #, etc.

City & State

Macleenny, FLA.

Zip

32063

Country

Baker

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 21, 2004

5. FEI Number

87-0737082

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

Steven Marshall Jones

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

511 Martin L. King Dr.

Suite, Apt. #, Etc.

City

Macleenny

State

FL

Zip Code

32063

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

Steven M. Jones
REGISTERED AGENT MUST SIGN

Date

8-28-06

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
P	Steven M. Jones	511 Martin L. King Dr.	Macleenny, FLA. 32063
VP	Joe N. Ruise	10157 Ora Ruise Road	Margaretta, FLA. 32040
S	Betty Brown	505 E. McIver Ave.	Macleenny, FLA. 32063
T/C	Linda J. Jones	511 Martin L. King Dr.	Macleenny, FLA. 32063
D	Foster Bristol	605 South Boulevard	Macleenny, FLA. 32063

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:

Steven M. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Jones

Date

9/05/06

Daytime Phone #

(904) 343-9170

8-28-06

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Whom It My Concern,

We at Emmanuel Homeless And Outreach Ministry, Inc. apologise about the confusion with the mailing address. Apparently, we use the street address for our mailing address and we didn't receive our papers for renewal each year. We are asking that you waived the reinstatement fee at this time. We thank you for this oversight.

Steven M. Jones
Steven M Jones
President