

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 JAN 23 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N05000005151**

**1. Corporation Name**

Jordan's Run Ministries Inc.

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

3235 Nature Circle

Suite, Apt. #, etc.

#208

City & State

Sarasota, Florida

Zip

34235

Country

USA

**3. Mailing Office Address**

3235 Nature Circle

Suite, Apt. #, etc.

#208

City & State

Sarasota, Florida

Zip

34235

Country

USA

200141888152  
01/23/09--01005--022 \*\*192.50  
**REINSTATEMENT** 07-09

**4. Date Incorporated or Qualified  
To Do Business In Florida**

May 18, 2005

**5. FEI Number**  
27-0123525

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

Karen C. VelMartin

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

3235 Nature Circle

Suite, Apt. #, Etc.

#208

City

Sarasota

State

FL

Zip Code

34235

☐ 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 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 01-12-09

**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/Dir	Karen C. VelMartin	3235 Nature Circle #208	Sarasota, Florida, 34235
VP/Dir	Jonavi Z. VelMartin	3235 Nature Circle #208	Sarasota, Florida 34235
S/Dir	Gwendolyn J. Butler	1521 31st Street	Sarasota, Florida 34234

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen C. VelMartin

1-12-09

Date

941-296-5061

Daytime Phone #