

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06000012561**

1. Corporation Name

Suwannee County Ministerial Alliance Inc.

**REINSTATEMENT 02-09**

500151480215

04/21/09--01024--018 \*\*297.50  
CRZE081 (12/08)

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

509 Walker Ave

3. Mailing Office Address

PO Box 749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

Zip

32064

Country

USA

Zip

32064

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/2009

5. FEI Number

☒ 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

Tommie Jefferson

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

516 Rogers Ave Nw

Suite, Apt. #, Etc.

City

Live Oak

State

FL

Zip Code

32064

☒ 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

*Tommie L Jefferson*

Date 04/01/2009

REGISTERED AGENT MUST SIGN

**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	Alex Fountain Sr	1511 Ruby Street	Live Oak, FL 32064
VP	Tommie L Jefferson	516 Rogers Ave Nw	Live Oak, FL 32064
Trea	Clenton Jackson	11349 142 st	McCalpin, FL 32060
Finc	Henry Smart	4245 maple Street	Live Oak, FL 32064
P	Alfonso Ross Sr	152 Vanburen Street	Live Oak, FL 32064

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: *Tommie L Jefferson* Tommie L Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2009

Date

(386)209-8680

Daytime Phone #