

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUL 16 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08000006485

1. Corporation Name

Divine Influence Worship Ministries Inc.

REINSTATEMENT

CR2E081 (11/10)

09-13

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

1072 Arlington Rd. North

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32211

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
July 9, 2008

5. FEI Number

80-0409346

x

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fred D. Gooden III

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

1179 E. 15th St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

700249850497
07/16/13--01014--015 **490.00

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 July 11, 2013

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
President	Fred D. Gooden III	1179 E. 15th St.	Jacksonville, Fl. 32206
Secretary	Charlene Norris	1105 GRANT STREET	Jacksonville, Fl. 32202
Treasurer	Corey Skinner	1353 SIOUX STREET	Orange Park, Fl. 32065
Treasurer	Regina Joseph	2784 WOOD STORK TRAIL	Orange Park, Fl. 32073

10. E-mail Address: pastorfredgooden@gmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 11, 2013

(904) 476-6634

Date

Daytime Phone #

11/16