PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 358.75

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 DEC 12 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24414

1. Corporation Name
Jerome Showers Ministries, Inc.

2. Principal Office Address	3. Mailing Office Address
6933 Havana Highway	P.O. Box 501 Havana, FL. 32333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Havana, Florida	City & State: Havana, Florida
Zip: 32333 Country: Gadsden	Zip: 32333 Country: Gadsden

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 12/16/81

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: Jerome Showers, Sr.

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Street Address (P.O. Box Number is Not Acceptable): 6933 Havana Highway

Suite, Apt. #, Etc.: 118

City: Havana State: FL Zip Code: 32333

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: Jerome Showers, Sr. Date: 12/12/01
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
PT	Jerome Showers, Sr.	P.O. Box 501	Havana, FL 32333
VT	Dora Walker	Rt. 2 Box 129	Quincy, FL 32351
TST	Tyrease Showers	P.O. Box 501	Havana, FL 32333
T	Clifford Owens	P.O. Box 484	Havana, FL 32333
T	Gloria Owens	P.O. Box 484	Havana, FL 32333
T	Andrea Blair	Rt. 2 Box 129	Quincy, Fla. 32351

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 under section 119.07(3)(i), F.S. The information provided on this application is true and correct.

SIGNATURE: Jerome Showers, Sr. Date: 12/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #