PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 11 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29414

REINSTATEMENT 02-05

1. Corporation Name
Jerome Showers Ministries, INC

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

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/1988

5. FEI Number: Applied For / L 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

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

500058696285
08/17/05--01043--006 **245 00

Suite, Apt. #, Etc.

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: [signature] Date: 8/11/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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/T	Jerome Showers	6933 ~~Havana, FL~~ Havana Highway	Havana, FL. 32333
V/S/T	Tymeuse Showers	6933 Havana Highway	Havana, FL 32333
T	Dora Walker	4031 Attapulgus Highway,	Quincy, FL 32351
T	Clifford Owens	138 Shervis Lane	Havana, FL 32333
T/T	Andrea Harris	29 Sugarmill Court	Havana, FL 32333
T	Gloria Owens	138 Shervis Lane	Havana, FL 32333

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 8/11/05 850-539-5736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

August 11, 2005

Jerome Showers Ministries, Inc.
P.O. Box 501
Havana, Florida 32333

To whom it may concern,

We would like to reinstate our non-profit corporation - # N29414 at this time. As of this time, we have not received an annual report reminder letter in the mail.

Jerome Showers
Registered Agent