

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 AUG 11 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 29414

1. Corporation Name

Jerome Showers Ministries, INC.

2. Principal Office Address

6933 Havana Highway

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 501

Suite, Apt. #, etc.

City & State

Havana, Florida

City & State

Havana, Florida

Zip

32333

Country

Gooden

Zip

32333

Country

Gooden

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1988

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

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

6933 Havana Highway

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]

REGISTERED AGENT MUST SIGN

Date

8/11/05

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 Highway	Havana, FL 32333
V/S/T	Tynease Showers	6933 Havana Highway	Havana, FL 32333
T	Dora Melker	4031 Attapulgus Highway	Quincy, FL 32351
T	Clifford Owens	138 Shervis Lane	Havana, FL 32333
T/T	Andrea Harris	29 Sugar Mill 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05 850-539-5736

Date

Daytime Phone #

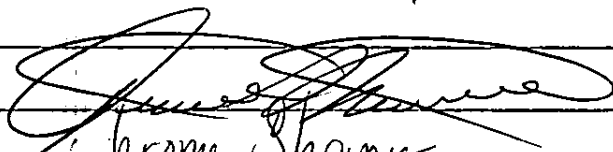
CR2E081 (01/05)

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 at this time, we have not received an annual report reminder letter in the mail,


Jerome Showers
Registered Agent