

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 AUG 22 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 36388*

1. Corporation Name

Ministry of Reconciliation Church, INC.

700004559707--0
-08/28/01--01046--006
***367.50 ***367.50

2. Principal Office Address

4348 Soutel Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32208

Country

VSA

3. Mailing Office Address

4348 Soutel Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32208

Country

VSA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1990

5. FEI Number

592985640

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

Dr. Pearl J. Cole

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

3659 Lydia Estates Terr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Pearl Jeanette Cole

Date *8-21-01*

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
<i>P/D</i>	<i>Dr. Pearl J. Cole</i>	<i>3659 Lydia Estates Terr</i>	<i>Jacksonville, Florida 32218</i>
<i>VP</i>	<i>André A. Cole</i>	<i>3491 Wentworth Cir E.</i>	<i>Jacksonville, Florida 32277</i>
<i>T/D</i>	<i>Terrance E. Cole</i>	<i>5110 Dostie Drive S.</i>	<i>Jacksonville, Florida 32209</i>
<i>S/D</i>	<i>Timothy L. Cole</i>	<i>3659 Lydia Estates Terr</i>	<i>Jacksonville, Florida 32218</i>

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:

Timothy L. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/01

Date

(904) 765-2484

Daytime Phone #

CR2E081 (9/00)