

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43000001762

1. Corporation Name

Ministries of Integrity, Inc.

**REINSTATEMENT** 99-04  
100029409134  
02/25/04--01070--010 \*\*376.25

2. Principal Office Address

763 West Blvd.

Suite, Apt. #, etc.

N/A

City & State

Chipley Fla

Zip

32428

Country

USA

3. Mailing Office Address

515 First Street

Suite, Apt. #, etc.

N/A

City & State

Chipley Fla

Zip

32428

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04-19-1993

5. FEI Number

593175305

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

Jerry Harrell

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

515 First Street

Suite, Apt. #, Etc.

N/A

City

Chipley

State

FL

Zip Code

32428

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

Jerry Harrell

REGISTERED AGENT MUST SIGN

Date 02-05-2004

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
D	Jerry Harrell	515 First Street	Chipley Fla 32428
D S	Sue Harrell	515 First Street	Chipley Fla 32428
D	Gina Poe	3584 Adams Ct.	Tyndall AFB, Fla 32403
D	Byron Western	533 B Hwy 273	Chipley, Fla 32428

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:

Jerry Harrell

Jerry Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-04

Date

850-638-1180 XT329

Daytime Phone #