

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1998 JAN -2 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005322

1. Corporation Name

HARVEST MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3683 CROWN POINT RD.
JACKSONVILLE FL 32257
US

3683 CROWN POINT RD.
JACKSONVILLE FL 32257
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

11/18/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3209840

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NEALIS, JAMES G	7262 SAN PEDRO RD	JACKSONVILLE FL 32217
D	NEALIS, ARLENE K	7262 SAN PEDRO RD	JACKSONVILLE FL 32217
D	DUKE, DAN	314 14TH AVE N	JACKSONVILLE BEACH FL
			100002391581-1 -01/06/98-01088-009 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEALIS, JAMES G
3683 CROWN POINT RD.
JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Dec 15, 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 15, 1997 904-7375831
Date Daytime Phone #

CR2E040 (8/97)

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HARVEST MINISTRIES INTERNATIONAL, INC.

F.I.N. 59-3209840
3683 CROWN POINT ROAD
JACKSONVILLE, FL 32257
904-292-0288
FAX 904-292-0937

November 18, 1997

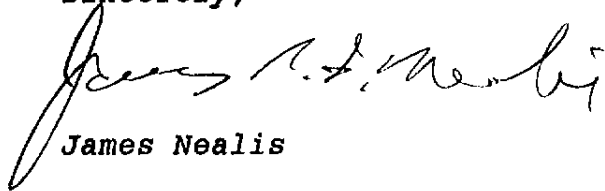
Florida Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Reinstatement Section,

Harvest Ministries International respectfully requests to have the reinstatement fee waived. We never received the annual report filing form and brochure from the state for 1997.

We appreciate your consideration in this matter. Thank you very much.

Sincerely,

A handwritten signature in dark ink, appearing to read "James Nealis", is written over the typed name.

James Nealis