

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -9 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000001380**

1. Corporation Name

Touching Jesus Ministries Organization, Inc.

2. Principal Office Address

3162 James Kennedy Rd.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

Country

US

3. Mailing Office Address

3162 James Kennedy Rd.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

Country

US

REINSTATEMENT 96-04

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

3/20/1995

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

Johnnie E. Griffith

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

3162 James Kennedy Rd.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

300038953873

07/09/04--01070--005 **726.25

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

John E. Griffith

REGISTERED AGENT MUST SIGN

Date 7-2-04

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/D	Johnnie E. Griffith	3162 James Kennedy Rd	Crestview, FL 32539
D	David J. Griffith	7120 Papronis	Panama City, FL 32408
V/D	Jonathan E. Griffith	3162 James Kennedy Rd	Crestview, FL 32539
s/t/D	Wynette Griffith	3162 James Kennedy Rd	Crestview, FL 32539
D	Dorothy Howell	410 Wingard Street	Crestview, FL 32539
D	Joseph M. Parker, II	4903 W. Hwy 98	Panama City, FL 32401

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:

John E. Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04
Date

850-689-0359
Daytime Phone #