	PLICAT FOR STATE	TON	FLORIC	TRUCTIONS BEFORE COIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations		OMPLETING THIS FORM.		
DOCUMENT # N9500002757 1. Corporation Name JEFF MARTIN MINISTRIES, INC.						98 APR 29 AM 8: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
St. Pa Jack	rkway, sonvill odresses are	Bluff Industria Bldg. 11290, St. e, FL 32246 incorrect in any way. Ine the Address. If Applicable	ite 2	P. O. Box 1! Jacksonville 32239-	e, FL 5076 correction below.	I	TATEMENT	97.98
Suite, Apf. #, etc. Suite, Apf. City & State City & State				To To		5. FEI Numbe	ness in Florida	Applied For Not Applicable
Zip	Country Z _I p		Zip	Country 6.		6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	or Director (Fig	orida nonprofit corpora	ations must list at lea	ast 3 directors)		
Title(s)	Namo of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		•	City / State	/ Zip
D/P	Jefferson S. Martin, Jr.			1206 Kings Road			Neptune Peach, F	T. 32266
D/VP/T	Candi Martin			1206 Kings Road			Neptune Beach, FL 32266	
D/VP	David Fletcher			P. O. Box 77 1/a		Punta Gorda, Belize		
D/VP	Dan Du	ke		1130 Kings Road		Neptune Beach, Fl. 32266		
S	Paula B. Davis			11575 Jonathan Road			Jacksonville, FL 32225	
Name and Address of Current Registered Agent Name						9. Name and	Address of New Registered Age	nt
JEFFERSON S. MARTIN, JR. 1206 Kings Road					Street Address (P.O. Box Number is Not Acceptable) 60002511336 0			
Neptune Beach, FL					Suite, Apt. #, Etc.	-05/05/9801101008 ****297.50 2#***297.50 FL		
10. I, being Signature of Registered	Agen X	registered agent of the about	$\Delta \gamma \gamma$	(artin)	and accept the ot	oligations of Secti	ion 607.0505, F.S. Date April 24.,	1998
11. Thi	is corpo	ration owes or ha Personal Propert	as paid th	e current yea	ar Yes 🔲	No 🖾	(See other side fo on intangibl	

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:

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D/VP

D/VP

S

D/P

Jefferson S. Martin, Jr. 4/2/198 (904) 641-8528
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President