

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 30 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005861

1. Corporation Name

ROBERT WINECOFF MINISTRIES, INC.

2. Principal Office Address

P.O. BOX 54132

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32245

Country

3. Mailing Office Address

P.O. BOX 1430

Suite, Apt. #, etc.

City & State

MELROSE, FLORIDA

Zip

32666

Country

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

12/15/1995

5. FEI Number

59-3348895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

GARY M. JONES

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

238 WESLEY ROAD

Suite, Apt. #, Etc.

City

GREEN COVE SPRINGS

State
FL

Zip Code

32043

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

Gary M. Jones

REGISTERED AGENT MUST SIGN

Date 09/20/02

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 |
|--------|--------------------------------------|---|-------------------------------|
| PD | ROBERT WINECOFF | 151 CENTURY DR. 119C | GREENVILLE, S.C. 29607 |
| SD | GARY M. JONES | 238 WESLEY ROAD | GREEN COVE SPRINGS, FL. 32043 |
| VD | TIM HALL | 5196 CR 209 SOUTH | GREEN COVE SPRINGS, FL. 32043 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/02

Date

352-475-2100

Daytime Phone #