CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

00 OCT 11 AM 8:37

DOCUMENT # N97000004741

1. Corporation Name

Jordan Grove Outreach Ministries

W-17972

REINSTATEMENT 9800

2. Principal Office Address 5946 NW. 12th St.	**3.** Mailing Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 5641
City & State Miami, Fl.	City & State Miami Fl.
Zip 33127	Country USA	Zip 33014	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0773069   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 Rev. Douglass Cook

7000034337872--6
-10/20/00--01067--009
****350.00   ****350.00

Street Address (P.O. Box Number is Not Acceptable)
2831 NW. 190th Street

Suite, Apt. #, Etc.

City Miami   State FL   Zip Code 33127

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 _Rev. Douglas Cook_
REGISTERED AGENT MUST SIGN
Date 7-7-2000

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
DP	Rev. Douglas Cook	2831 NW. 190th St.	Miami, Fl. 33127
DS	Earnestine Lattimore	760 NW. 52nd St.	Miami, Fl. 33127
DT	Betty Duncan	2951 NW. 190th St.	Miami, Fl. 33127
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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: _Rev. Douglas Cook_   Rev. Douglass Cook 7-7-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/99)