

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine B. Cantrell
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 3:49

DOCUMENT # N97000006378

1. Corporation Name

J. H. DAVIS MINISTRIES, INC.

2. Principal Office Address

17325 N.W. 18th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CAROL CITY FLA.

City & State

Zip

33056

Country

USA

Zip

Country

8110014382848
03/20/03--01001--009 **367.50

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

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

JAMES H. DAVIS

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

17325 N.W. 18th AVE

Suite, Apt. #, Etc.

City

CAROL CITY

State

FL

Zip Code

33056

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

X James H. Davis

REGISTERED AGENT MUST SIGN

Date X 3-4-03

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	DAVIS J.H.	CAROL CITY FLA 33056 17325 N.W. 18 th AVE	CAROL CITY FLA 33056
SD	DAVIS, MELISSA ANN	17325 N.W. 18 th AVE	CAROL CITY FLA 33056
TD	DAVIS, DEBORAH K.	17325 N.W. 18 th AVE	CAROL CITY FLA 33056

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:

X James H. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-4-03

Date

X 305-691-4212

Daytime Phone #

CR2E081 (9/01)

Willie J. Jones
2261 NW 58th Street
Miami, Florida 33142
305- 634 1224

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Monday, March 03, 2003

Department Of State
Division Of Corporations
PO BOX 6327
Tallahassee, Florida 32314
Reinstatement

Dear Sr. /Madam

In reviewing the web site it was brought to my attention that our corporation was inactive for administration dissolution for annual report. Please note that we have never receive a notice concerning a renewal of a ubr. Enclose in this letter you will find the necessary document and fees to re- activate our corporation. We appreciated your full understanding in make your decision in granting our renewal status. . Our name is **J.H. Davis Ministries Inc, / Document # N97000006378**. Please note that we have been through office reorganization and through that transition we did not receive a notice concerning a renewal of a ubr. We humble submit ourselves to your mercy and request that you waive all reinstatement fees and enclosed in this letter you will find and check in the amount of \$367.50 which we hope that will be necessary to reactivate our cooperation. PLEASE NOTE THAT WE NEED YOUR UNDERSTANDING AS WELL AS YOUR HELP. We appreciated your full understanding in making your decision in granting our renewal status. We thank you in advances for your cooperation and consideration. We realize that ignorance is not an excuse, but our office was not in operation it was closed.



Willie J Jones