

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -7 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006882

1. Corporation Name

Voice of Joy Ministries International, Inc.

600009923826
01/07/03--01069--016 **122.50

2. Principal Office Address

13291 Vantage Way

Suite, Apt. #, etc.

Suite #107

City & State

Jacksonville, FL

Zip

32218

Country

U.S.A.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1997

5. FEI Number

593485654

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

Allen B. Coleman

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

11544 Summer Haven Blvd. N.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

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

Allen B. Coleman

Date

12/29/2002

REGISTERED AGENT MUST SIGN

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	Allen B. Coleman	11544 Summer Haven Blvd. N.	Jacksonville, FL 32258
V/D	Angela D. Coleman	11544 Summer Haven Blvd. N.	Jacksonville, FL 32258
S/T/D	Vanilla S. Pittman	8829 Falcon Trace Drive S.	Jacksonville, FL 32222

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:

Allen B. Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2002

Date

(904) 741-0506

Daytime Phone #

CR2E081 (9/01)