

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 25 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001761

1. Corporation Name

Outflow Ministries, Inc

2. Principal Office Address

4922 Ozment Ridge Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1291

Suite, Apt. #, etc.

City & State

Lithonia, GA

City & State

Lithonia

Zip

30038

Country

DeKalb

Zip

30058

Country

DeKalb

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/98

5. FEI Number

59-3506235

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

Willie Mae Harris

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

23 So. Lincoln Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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

Willie Mae Harris

Date

9/31/06

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
Dir.	Dr. Nancy West	4922 Ozment Ridge Ct	Lithonia, GA 30038
T/Sec	Kristine G. Gilbert	4922 Ozment Ridge Ct	Lithonia, GA 30038
T/Tres	Thera Jarvis	5891 Raven Ln	Lithonia, GA 30058
Trustee	Willie Mae Harris	23 So. Lincoln St	Pensacola, FL 32507

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 contained in Chapter 119, 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:

Dr. Nancy West, Director

9/21/06

Date

(770) 987-0097

Daytime Phone #

Dr. Nancy West, Director

Dr. Nancy West, Dir.
Outflow Ministries, Inc.
4922 Ozment Ridge Court
Lithonia, GA 30038

September 21, 2006

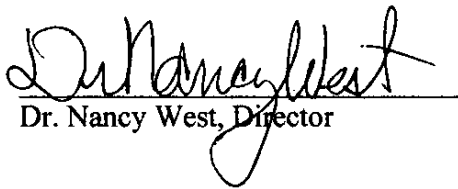
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

I am requesting that the reinstatement fee be waived because I did not receive mail from the Department of State, Division of Corporations in 2004.

Enclosed is my annual fee for 2004, 2005 and 2006.

Sincerely,


Dr. Nancy West, Director