

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAR 10 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000003014*

1. Corporation Name

*FLAMING FIRE DELIVERANCE
MINISTRY INC, 1141 BECKNER AVE
JACKSONVILLE FLA 32218*

2. Principal Office Address

1141 BECKNER AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

Zip
32218

Country

DUVAL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99.00

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

5. FEI Number

59-3557203

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

Pastor Leroy Robinson Jr. LEROY ROBINSON JR.

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

1141 BECKNER AVE.

Suite, Apt. #, Etc.

City

JAX FLA

State
FL

Zip Code

32218

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

Leroy Robinson Jr.

REGISTERED AGENT MUST SIGN

Date *3-10-2000*

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
<i>PASTOR</i>	<i>LEROY ROBINSON JR.</i>	<i>1141 BECKNER AVE</i>	<i>JAX FLA 32218</i>
<i>SECR</i>	<i>MISHELLE GREEN</i>	<i>1214 LABELLE ST</i>	<i>JAX FLA 32205</i>
<i>NIH</i>	<i>ANNIE S ROBINSON</i>	<i>1141 BECKNER AVE</i>	<i>JAX FLA 32218</i>

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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:

Leroy Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2000

Date

Daytime Phone #