

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004606

1. Corporation Name

FIRM FOUNDATION MINISTRIES, INC.

Principal Place of Business

68 HALLELUJAH AVE
SANTA ROSA BEACH FL 32459

Mailing Address

68 HALLELUJAH AVE
SANTA ROSA BEACH FL 32459

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
177 McKenny Rd
City & State

Zip Country

3. New Mailing Office Address, If Applicable

4101 Tates Creek CTR 334
Suite, Apt. #, etc.
Lexington
City & State

Zip Country
40517 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1998

5. FEI Number

59-3528173

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DAVIS, JAMES T	68 HALLELUJAH AVE 177 McKenny Rd	SANTA ROSA BEACH FL 32459
DV	TOLLESON, RODNEY	724 SOUTH SEAGRAVE	DAYTONA BEACH FL 32114
DT	ERVIN, JIMMIE	115 LANDING LANE	COVINGTON GA 30016
S/T	DAVIS, CAROL J	68 HALLELUJAH AVE 177 McKenny Rd	SANTA ROSA BEACH FL 32459

8. Name and Address of Current Registered Agent

DAVIS, JAMES T
68 HALLELUJAH AVE
SANTA ROSA BEACH FL 32459

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02

FIRM FOUNDATION MINISTRIES, INC.

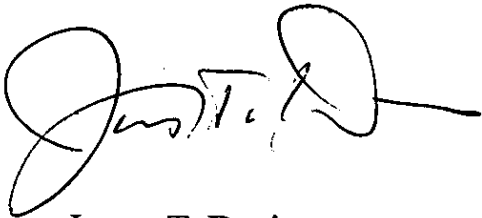
177 McKenny Road
Santa Rosa Beach, FL 32459

October 28, 2002

Dear Sirs,

I am writing to request that the reinstatement fee for the non-profit corporation, Firm Foundation Ministries, Inc. be waived. I did not receive the two prior uniform business report (UBR) notices. Our physical address changed and the notices apparently were not forwarded. Thank you for your understanding in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "James T. Davis", with a large, stylized initial "J" and a long horizontal stroke extending to the right.

James T. Davis
President