

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -9 AM 8:00

DOCUMENT # N98000004845

1. Corporation Name

DESTINY PRAISE MINISTRIES AND SERVICES, INC.

REINSTATEMENT 00-04

600037759096
06/08/04--01019--009 **481.25

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MRD

2. Principal Office Address

5028-1 PLYMOUTH STREET

3. Mailing Office Address

6744 BAKERSFIELD DRIVE

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32205

Country

DUVAL

Zip

32210

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/98

5. FEI Number 20-1452790

Applied For

26-00-157276-556

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

DP KIRK RUSSELL SR.

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

6744 BAKERSFIELD DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32210

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

Kirk Russell
REGISTERED AGENT MUST SIGN

Date 05/31/04

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
DP	KIRK RUSSELL SR.	6744 BAKERSFIELD DRIVE	JACKSONVILLE, FL. 32210
DV	PONCETTE Y. RUSSELL	6744 BAKERSFIELD DRIVE	JACKSONVILLE, FL. 32210
DS	DEXTER DUNBAR	6734 BAKERSFIELD DRIVE	JACKSONVILLE, FL. 32210

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:

Kirk Russell Sr.
Kirk Russell Sr.

05/31/2004

904-693-6403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/04)