

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 15 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005764

1. Corporation Name

On The Move For Jesus Ministry, Inc.

2. Principal Office Address - No P.O. Box #

117 Camellia Drive

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

U.S.

3. Mailing Office Address

117 Camellia Drive

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

U.S.

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3577663

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

Valencia R. Brinson

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

117 Camellia Drive

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

500245768325
03/15/13--01024--013 **358.75

500245768325
03/15/13--01024--015 **17.50

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

Valencia R. Brinson

Date 3/15/13

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	Valencia Brinson	117 Camellia Drive	Quincy, FL 32351
V	Laura Oliver	550 State Hwy 81	Ponce De Leon, FL 32455
T	Pearlie Bouie	93 Pearl Lane	Chattahoochee, FL 32324
D	Patricia Peterson	P.O. Box 393	Chattahoochee, FL 32324
MD	Patricia Jackson	P.O. Box 84	De Funiak Springs, FL 32435
S	Shirley McMillian	7157 Bonnie Hill Rd.	Chattahoochee, FL 32324

10. E-mail Address: brinson8@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Laura Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2013 (850) 727-4076

Date

Daytime Phone #