

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N98000006217

1. Corporation Name

THE AWAKENING MINISTRY OF JESUS CHRIST INCORPORATION

Principal Place of Business

P.O. BOX 1384
WOODVILLE FL 32362

Mailing Address

P.O. BOX 1384
WOODVILLE FL 32362

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1998

5. FEI Number

593358044

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROLLINS, ANDREW	P.O. BOX 1384	WOODVILLE FL 32362
DS	WILLIAMS, DONNA	P.O. BOX 1384	WOODVILLE FL 32362
D	HAYES, HELEN	P.O. BOX 1384	WOODVILLE FL 32362
DS	Hayes, Charlynn	P.O. BOX 1384	Woodville FL 32362

8. Name and Address of Current Registered Agent

HAYES, SAMUEL L
9980 CHARLIE ASH LN.
WOODVILLE FL 32362

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

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.

Signature of Registered Agent

Samuel L. Hayes
REGISTERED AGENT MUST SIGN

Date 12-6-99

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:

Charlynn Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-99

Date

Daytime Phone #



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CR2000 (9/98)