

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006217

1. Corporation Name

The Awakening Ministry of Jesus
Christ Incorporation

2. Principal Office Address

P.O. Box 6229

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32314

Country

US

3. Mailing Office Address

P.O. Box 6229

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32314

Country

US

REINSTATEMENT 01-03

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

10/30/98

5. FEI Number

593358044

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

Samuel L. Hayes

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

9980 Charlie Ash Ln

Suite, Apt. #, Etc.

City

Woodville

State
FL

Zip Code

32362

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**

Samuel L. Hayes

REGISTERED AGENT MUST SIGN

Date

2/24/03

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
D	Rosa Williams	1630 Balkin Rd Lot 166	Tallahassee, FL 32305
D	Helen Hayes	PO Box 6229	Tallahassee, FL 32314
DS	Rose Edwards	PO Box 6229	Tallahassee, FL 32314
DT	Donna Richardson	1630 Balkin Rd Lot 167	Tallahassee, FL 32305

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:

Donna Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

264-5959
Daytime Phone #