

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA9000000839**

1. Corporation Name **Hear And Be Healed Outreach Ministries, INC.**

2. Principal Office Address

P.O. Box 864

Suite, Apt. #, etc.

1020 E Mays Street

City & State

Monticello FL

Zip

32345

Country

USA

3. Mailing Office Address

P.O. Box 864

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip

32345

Country

USA

REINSTATEMENT

04-06 *RLC*

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593557162

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

DON L. JONES

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

2009 SW 7th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Date

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
PRES	DON L. JONES	2009 SW 7th St	400069160804 03/31/06--01032--001 **103.75
VIC PRES	Gloria Cox-Jones	1020 E Mays St	Monticello FL 32344
	THOMAS L. JONES		400069160804 03/31/06--01032--002 **8.75
Secy	Jessie M. Peoples	1111 NW 6th Avenue	Gainesville, FL 32601
Treas	Frank Washington, Jr	2030 SW 7th St.	Ocala FL 34474

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:

Don L. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

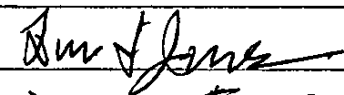
Daytime Phone #

292

3/27/06

To Whom it may concern,

I didn't receive a 2004
Annual Report.


DON L. JONES