

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

1082

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Theresa Harris  
Secretary of State  
DIVISION OF CORPORATIONS

00 NOV -3 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001555

1. Corporation Name

Good's Dominion Ministry Inc.

2. Principal Office Address

3. Mailing Office Address

2957 Commonwealth Ave P.O. Box 43294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax, FL 32254

Jax FL

Zip

Country

Zip

Country

32254

32203

1

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/99

5. FEI Number

Applied For

59-3498927

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

Devonics Hernan-Mackey

900003463859-4

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

2957 Commonwealth Ave

-11/15/00-01031-015

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Suite, Apt. #, Etc.

LS

City

Jax

State

FL

Zip Code

32254

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

D Devonics Hernan-Mackey P.O. Box 43294 Jax, FL 32203

D Beverly Hernan 3750 Jonis St Jax, FL 32203

D Eric Mackey 2957 Commonwealth Ave Jax, FL 32254

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:

Devonics Hernan-Mackey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/2000

Daytime Phone #

CR2E081 (9/99)

29/2

To whom it may concern,

I did not receive the form to Reinstete.  
I filled to change my mailing address  
and my adress was not changed,

Thank you.

Pastor Devonis-Hendrick Mackey