

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 19 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N4900000 2225

1. Corporation Name

Circumcision of the Heart Ministries INC.

W06-21906

2. Principal Office Address

14087 Golden Eagle DR

Suite, Apt. #, etc.

City & State

Jacksonville FLORIDA

Zip

32218

Country

U.S.

3. Mailing Office Address

14087 Golden Eagle Dr

Suite, Apt. #, etc.

City & State

Jacksonville FLORIDA

Zip

32218

Country

U.S.

REINSTATEMENT 01-06

CH2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/07/1999

5. FEI Number

59-3628952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tyrone L. Ferrell

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

14087 Golden Eagle Drive

Suite, Apt. #, Etc.

City

Jacksonville FLORIDA

State

FL

Zip Code

32218

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

Tyrone Ferrell

REGISTERED AGENT MUST SIGN

Date

04/1/2006

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
Chairman	Hall, JOSEPH N JR.	P.O. Box 1032	Coleman, Florida 33521-1032
President	Ferrell, TYRONE	14087 Golden Eagle Drive	Jacksonville Florida 32218
Vice President	Hall, DAVID L	P.O. Box 1032	Coleman, Florida 33521-1032
Secretary	Ferrell, OLIVIA A	14087 Golden Eagle Drive	Jacksonville Florida 32218
Treasurer			

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 contained in Chapter 119, 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:

Tyrone Ferrell

TYRONE FERRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

HM. 904 -

cell

904-545-6523

Daytime Phone #

4-3-2006

To. Whom it may concern

As the Agent of Circumcision of the Heart Ministries Inc. At the time of reinstatement we were moved from our prior location and did not get any mail. After speaking with your representatives by phone I was told to send this letter plus 367.50 for reinstatement of this corporation.

Tyronne Fennell