

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 APR 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004389

1. Corporation Name

GREATER MINISTRIES INC.

2. Principal Office Address

207 WEST 6TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

207 WEST 6TH ST

Suite, Apt. #, etc.

City & State

JAX, FL

City & State

JAX, FL

Zip

32206

Country

DUVAL

Zip

32206

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

07-01-99

5. FEI Number

59-3491756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

BURDETTE E. WILLIAMS

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

207 WEST 6TH STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32206

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

Burdette E. Williams

REGISTERED AGENT MUST SIGN

Date March 6, 2003

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	YVONNE WALKER	1771 W. EDGEWOOD AVE	JAX, FL 32208
D	HUGH COTNEY	233 EAST BAY ST	JAX, FL 32202
D	JEREMIAH WILLIAMS	1616 SILVER ST.	JAX, FL 32206

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:

Burdette E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2003

Date

(904) 356-2110

Daytime Phone #

Burdette E. Williams

9/4/11/03

CR2E081 (2/01)