

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 12 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # *N99000004424*

1. Corporation Name

*Abundant Life World Harvest
Ministries, Inc.*

2. Principal Office Address

10606 Lem Turner Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 77012

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

32218 USA

City & State

Jacksonville, FL

Zip

Country

32226 USA

4. Date Incorporated or Qualified

To Do Business in Florida *7-26-1999*

5. FEI Number

59-3644387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Dr. Derrick D. Cole

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

10913 Bonnelly Drive

Suite, Apt. #, Etc.

City

Jacksonville

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

Derrick D. Cole

REGISTERED AGENT MUST SIGN

Date

12-30-00

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
PPD	<i>Derrick D. Cole</i>	<i>10913 Bonnelly Drive</i>	<i>Jacksonville, FL 32218</i>
VD	<i>Ralph Boggan</i>	<i>11714 Harris Rd.</i>	<i>Jacksonville, FL 32218</i>
TD	<i>Salvina Boggan</i>	<i>11714 Harris Rd.</i>	<i>Jacksonville, FL 32218</i>
S	<i>Arny Hall</i>	<i>6870 103rd Street #109</i>	<i>Jacksonville, FL 32218</i>

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:

Derrick D. Cole *Derrick D. Cole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-00

Daytime Phone #

904-219-0792

CR2E081 (9/99)