

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL -9 PH 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005946

1. Corporation Name

IN HIS PLACE MINISTRIES, INC.

Principal Place of Business

Mailing Address

PO BOX 3686
ST. AUGUSTINE FL

PO BOX 3686
ST. AUGUSTINE FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

5. FEI Number

59-3604543

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	JONES, JAMA R.	398 EL REY AVENUE	ST. AUGUSTINE, FL 32095
DVP	JONES, TED L.	398 EL REY AVENUE	ST. AUGUSTINE FL 32095
T	Davia M. Upton	30 Redick Lane	ST. AUGUSTINE FL 32084
T	Ken L. Green	329 Palos Ct.	ST. AUGUSTINE, FL. 32086
		23625-Adm	
		61-25-AR	
		600004488446-2	
		-07/20/01--01111--001	
		****297.50 ****297.20	

8. Name and Address of Current Registered Agent

PACETTI, R.J. (JACK) C.P.A.
2760 US 1 SOUTH
ST. AUGUSTINE FL 32086

9. Name and Address of New Registered Agent

Name
JAMA R. JONES
Street Address (P.O. Box Number is Not Acceptable)
398 EL REY AVENUE
Suite, Apt. #, Etc.
City
ST. AUGUSTINE State **FL** Zip Code **32095**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jama R. Jones **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 5/25/01

11. 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:

Jama R. Jones **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/01 904/827-0181

CR2E040 (8/00)