

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FORMED
AND
FILED

98 NOV 16 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768901**

1. Corporation Name

SOUTH FLORIDA JAIL MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~22790 SW 112TH AVE~~
MIAMI FL 33170-7602
US

22790 SW 112TH AVE
MIAMI FL 33170-7602
US

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.
22790 SW 112 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip **33170** Country **USA**

Zip Country

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

06/13/1983

5. FEI Number

59-2471230

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	HORTON, G. DAVID DR	17025 NW 22ND AVE	MIAMI FL
V	BULLMAN, DICK	1104 FERDINAND AVENUE	CORAL GABLES FL
ST	JACKSON, ARTHUR	1350 NW 96TH STREET	MIAMI FL
D	HERNANDEZ, JOSE E DR	1321 NW 13TH STREET	MIAMI FL
D	AYERS, GEORGIA J	710 NW 62ND STREET	MIAMI FL
D	CARBO, JOSE	8855 SW 54TH STREET	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARBO, JOSE
~~609 BRICKELL~~
~~2ND FL~~
MIAMI FL 33131

Name

JOSE CARBO

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

8855 S.W. 54 ST.

Suite, Apt. #, Etc.

300002692903--1

City

MIAMI

11/20/98

***245.FL ***245.00

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/13/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

Date

305-235-2616

Daytime Phone #

CR20040 (9/98)

SOUTH FLORIDA JAIL MINISTRIES, INC.
AGAPE WOMEN'S CENTER
BOARD OF TRUSTEES

✓ **Ms. Georgia Jones Ayers**

Executive Director
Alternatives to Incarceration
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Miami, FL 33151-0266

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Home Phone: 305-264-0212

Dick Bullman

Realtor
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Fax: 305-442-0703
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✓ **Mr. Jose (Pepe) Carbo**

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✓ **Dr. Jose E. Hernandez**

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