

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN 11 PM 3:20

DOCUMENT # N04000010290

1. Corporation Name

Just As I Am International Ministries, Inc.

01/11/10--01057--009 \*\*236.25

2. Principal Office Address - No P.O. Box #

1421 NW 139th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 681668

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Miami, FL

Zip

33020

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11-02-2004

5. FEI Number  
20-2867146

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lydia Goodin

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

2170 Rutland Street

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Lydia Goodin*

REGISTERED AGENT MUST SIGN

Date

12/31/09

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
P	Lydia Goodin	2170 Rutland Street	Opa Locka, FL 33054
VP	Ron VanHorn	1000 Harrison Street	Hollywood, FL 33019
T	Robert Newkirk	5601 NW 18th Avenue	Miami, FL 33142
S	Toni Saracino	2170 Rutland Street	Opa Locka, FL 33054
			09-10 TB 4/14/10

10. E-mail Address: agapegdn@aol.com

(To be used for future annual report notification)

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. I further certify 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:

*Lydia Goodin* Lydia Goodin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/09

Date

954-744-6505

Daytime Phone #