

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N93000005773

1. Corporation Name

JESUS AND YOU OUTREACH MINISTRIES, INC.

Principal Place of Business

2831 AVENUE S
RIVERAA BEACH FL 33404

Mailing Address

2831 AVENUE S
RIVERAA BEACH FL 33404



REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0452075

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NICKLER, ARTHUR L	18934 LOBLOLLY BAY CT.	JUPITER FL 33458
DCEO	FELDER, ROBERT C	2831 AVENUE S	RIVIERA BEACH FL 33419
D	SWARTOUT, GEORGE	628 INLET ROAD	NORTH PALM BEACH FL 33408
D	CROAL, DORNSFORD	2548 CANTERBURY DRIVE S.	RIVIERA BEACH FL 33407
			600004700986--9 -11/30/01--01078--013 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

FELDER, ROBERT C
2831 AVENUE S
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

Robert C. Felder

REGISTERED AGENT MUST SIGN

Date 11-6-01

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:

Robert C. Felder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-6-01

Daytime Phone #

CR2040 (8/01)