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
01 OCT 18 PM 12:42

300004658823--9
-10/30/01--01028--001
****236.25 ****236.25

REINSTATEMENT 01

DOCUMENT # **N99000001833**

1. Corporation Name

J SMITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
2086 HWY. 196 MOLINO FL 32577	P.O. BOX 519 MOLINO FL 32577

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.	2086 Hwy 196 Suite, Apt. #, etc.
City & State	City & State Molino, FL
Zip / Country	Zip / Country 32577 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/18/1999

5. FEI Number: 59-3576857 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMITH, JAMES L	2086 HWY. 196	MOLINO FL 32577
D	SMITH, JEAN I	2086 HWY. 196	MOLINO FL 32577
D	EVANS, JOAN M	902 ARTESIAN AVE.	PENSACOLA FL 32505
D	IRENE A. Veazey	6875 Veazey Lane	Molino, FL 32577

JS 10/26

8. Name and Address of Current Registered Agent

SMITH, JEAN
2086 HWY. 196
MOLINO FL 32577

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

CR2E040 (8/01)

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: Jean I Smith SIGNATURE REQUIRED — Date: 10/16/2001
REGISTERED AGENT MUST SIGN

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: Jean I Smith SIGNATURE REQUIRED — Jean I. Smith — 10/16/2001 — (850) 587-4139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #