

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724330

1. Corporation Name

JIM WILSON EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

5205 S. ORANGE AVE
ORLANDO FL 32809
US

Mailing Address

P.O. BOX 560043
ORLANDO FL 32856
US

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



REINSTATEMENT

[Handwritten signature]

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1972

5. FEI Number

59-1434865

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
V/D	MARION JOHNSON	1029 OVERLAKE AVE	ORLANDO FL
D	PEREIRA, JERRY	832 LAKEY GAP RD.	BLACK MTN., N.C. 28711
D	WILSON, BOB	604 DOMINION DRIVE	SOUTHLAKE TX 76092
D	BURNETT, MARILYN	1044 APPLETON AVE.	ORLANDO FL
D	PALMER, JAMES	816 miles Rd.	Summerville, S.C. 29485
P/D	WILSON, JAMES H.	1718 WINDING OAKS DR.	ORLANDO, FL. 32825

100008635211

10/28/02-01113-003 **236.25

8. Name and Address of Current Registered Agent

WILSON, JAMES H.
3308 CLEMWOOD DRIVE
ORLANDO FL 32803

Change →

9. Name and Address of New Registered Agent

Name

WILSON, JAMES H.

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

1718 WINDING OAKS DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature: James H. Wilson]
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

[Handwritten signature: James H. Wilson]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 (407)855-8333

Date

Daytime Phone #

CR2E040 (8/02)