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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

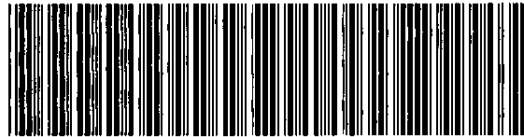
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6237-  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG -3 PM 2:46

JP 8/4/11

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Jesus Restoration Ministries, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dr. Christopher T. Salina.  
Name of Person

Jesus Restoration Ministries, Inc.  
Firm/Company

PO Box 681403  
Address

Orlando, FL 32868-1403  
City/State and Zip Code

salina4christ@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanna Salina at (908) 420 9226  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2011

DR. CHRISTOPHER T. SALINA  
POST OFFICE BOX 681403  
ORLANDO, FL 32868-1403

SUBJECT: JESUS RESTORATION MINISTRIES INCORPORATED  
Ref. Number: W11000038920

We have received your document for JESUS RESTORATION MINISTRIES INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 111A00017520

RECEIVED  
11 AUG -3 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Jesus Restoration Ministries Incorporated  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. State of New Jersey 3. 100398904  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 13, 1988 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 12 Tysley St., Basking Ridge, NJ 07920  
(Principal office address)  
4636 Miranda Circle, Orlando, FL 32818  
(Current mailing address)
8. To maintain a place of worship, classes in religious training and missions.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
Name: Christopher T. Salina  
Office Address: 4636 Miranda Circle  
Orlando, Florida 32818  
(City) (Zip Code)

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DIVISION OF CORPORATIONS

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

x Christopher T. Salina  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Pastor Christopher T. Salina

Address: 4636 Miranda Circle  
Orlando, FL 32818

Vice Chairman: Joanna Salina

Address: (same as above)

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Christopher T. Salina

Address: 4636 Miranda Circle  
Orlando, FL 32818

Vice President: Joanna Salina

Address: 4636 Miranda Circle  
Orlando, FL 32818

Secretary: Stacey Virgo

Address: 1007 Tudhope Ct., Sanford, FL 32773

Treasurer: Joanna Salina

Address: 4636 Miranda Circle, Orlando, FL 32818

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joanna Salina

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joanna Salina

(Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING**

**JESUS RESTORATION MINISTRIES, INC.**

100398904

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on December 13, 1988.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify the registered agent and registered office are:*

*Christopher T. Salina  
12 Tysley St  
Basking Ridge, NJ 07920*



Certificate Number: 120782992

Verify this certificate online at

[http://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
20th day of June, 2011.*

A handwritten signature in black ink, appearing to read "Andrew P Sidamon-Eristoff".

Andrew P Sidamon-Eristoff  
State Treasurer

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