

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -5 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000567

1. Corporation Name

Christ is Action Ministry Inc.

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

106 Lake Ida Point Drive
Suite, Apt. #, etc.

3. Mailing Office Address

106 Lake Ida Point Drive
Suite, Apt. #, etc.

City & State

Interlachen, FL

City & State

Interlachen, FL

Zip

32148

Country

USA

Zip

32148

Country

USA

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/2000

5. FEI Number

59-362 9040

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

LISA JACKSON

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

106 Lake Ida Point Drive

Suite, Apt. #, Etc.

City

Interlachen

State

FL

Zip Code

32148

☐ 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

[Signature]

(REGISTERED AGENT MUST SIGN)

Date 11/1/07

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
D	Willie Mae Jackson	602 W. 9th St.	Palatka, FL 32148
DP	Leroy Jackson	106 Lake Ida Point Drive	Interlachen, FL 32148
DT	Lisa Jackson	106 Lake Ida Point Drive	Interlachen, FL 32148
			000112633990 11/28/07--01007--015 **\$300.00
			000112633990 11/28/07--01007--016 **\$6.25

10. 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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11/1/07

Date

386 684-1486

Daytime Phone #