

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000001011

1. Corporation Name

Jehova Chamma Baptist Church, Inc.

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

5713 Autumn Ridge Rd
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Zip

Country

Zip

Country

33463 Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

February 10, 2000

5. FEI Number

26-3845791

☒ 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

Jocelyn DORCIN

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

5713 Autumn Ridge Road

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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

Jocelyn DORCIN

REGISTERED AGENT MUST SIGN

Date 06-03-2010

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
Director	Jocelyn DORCIN	5713 Autumn Ridge Rd	Lake Worth FL 33463
Director	ERIC Francois	718 Hill Drive # F	West Palm Beach FL 33415
Director	Annette Mohr	1821 N. #124 Road	West Palm Beach FL 33411

10. E-mail Address: JTRMF@Hotmail.Com

(To be used for future annual report notification)

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. I further certify, 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:

Jocelyn DORCIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-03-2010, 561-577-3467

Date

Daytime Phone #