

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000006458**

1. Corporation Name

JUBILEE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2545 MATT ROAD
AVON PARK FL 33825

2545 MATT ROAD
AVON PARK FL 33825

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

03-0398974

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TAYLOR, BARRY	2545 MATTE ROAD	AVON PARK FL 33825
VPD	TAYLOR, JUDY	2545 MATTE ROAD	AVON PARK FL 33880
SD	MEADOWS, ROSIE	2545 MATTE ROAD	AVON PARK FL 33880

500023998845
10/22/03--01010--008 **23625

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, BARRY
2545 MATT ROAD
AVON PARK FL 33825

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Barry Taylor
REGISTERED AGENT MUST SIGN

Date **10-15-03**

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:

Barry Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

863-443-037

Daytime Phone #

FILED

03 OCT 22 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

09/26/2000

CR 17/03