

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 22 PM 3:52

DOCUMENT # **N00000008220**

1. Corporation Name

JESUS PEOPLE PROCLAIM INTERNATIONAL MINISTRIES CHURCH, INC.

Principal Place of Business

Mailing Address

3200 N FEDERAL HIGHWAY
 SUITE 105
 BOCA RATON FL 33431
 US

3200 N FEDERAL HIGHWAY
 SUITE 105
 BOCA RATON FL 33431
 US

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1091900

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	THOMPSON, WILLIAM SR	18812 NW 53RD AVE	MIAMI FL 33055
DV	THOMPSON, CYNTHIA L	18812 NW 53RD AVE	MIAMI FL 33055
DT	WILLIAMS JR, ISAIAH S BISHOP	16206 NW 83RD ST	MIAMI LAKES FL 33016
DT	WILLIAMS, GLORIA Y	16206 NW 83RD ST	MIAMI LAKES FL 33016

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, WILLIAM SR
 310 ESPLNAYE
 SUITE 50-A
 BOCA RATON FL 33432

Name
William THOMPSON, SR.
 Street Address (P.O. Box Number is Not Acceptable)
3200 N. FEDERAL HWY, SUITE 105
 Suite, Apt. #, Etc.
105
 City
BOCA RATON
 State
FL
 Zip Code
33431

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

William Thompson Sr.
 REGISTERED AGENT MUST SIGN

Date

10/18/03'

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:

William Thompson Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/03' 561-361-0610

CR2E040 (7/03)