

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 27 PM 3:31

DOCUMENT # 101000000564

1. Corporation Name

JUBILEE EVANGELISM MINISTRIES INT, INC

2. Principal Office Address

1118 SE 36TH Ave

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34471

Country

U.S.A.

3. Mailing Office Address

1118 SE 36TH Ave

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34471

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1-23-01

5. FEI Number

593691757

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

HAMMETT, J. RANDALL

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

5353 SW. COLLEGE RD

Suite, Apt. #, Etc.

City

OCALA

State  
FL

Zip Code

34474

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

J. R. Hammett

Date

12-8-04

REGISTERED AGENT MUST SIGN

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.	SUSAN MAHAN	1118 SE 36TH AVE.	OCALA FL. 34471
D.	JOSEPH MAHAN	1118 SE 36TH AVE	OCALA FL. 34471
D.	FRANK McCARLEY	407 SPRING DR.	ELLIJAY, GA 30540
D.	EVELYN ELABORE	10620 SW 157TH AVE	DUNNELLON, FL 34432
D.	BONNIE DEL RIO	1535 SE 42ND AVE	OCALA, FL 34471
800043653108 12/27/04--01091--010 **122.50			

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 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:

Susan J. Mahan

SUSAN J. MAHAN

12-21-04

352-369-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

12/28/04