

N01000001679

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01000001679**

1. Corporation Name

CITY JAM ministries, INC.

2. Principal Office Address

3828 SALMON DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

USA

3. Mailing Office Address

3828 SALMON DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/01

5. FEI Number

59-3729698

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

ANGEL0 BALLESTERO

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

3828 SALMON DR

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32835

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

Angel Ballester

REGISTERED AGENT MUST SIGN

Date

11/21/02

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
[REDACTED]	ANGEL0 BALLESTERO	3828 SALMON DR	ORLANDO, FL, 32835
[REDACTED]	Shelly BALLESTERO	3828 SALMON DR	ORLANDO, FL, 32835
[REDACTED]	MARYELLEN MURRAY	581 BUCKHAVEN LOOP	OCFEE, FL, 34761
[REDACTED]			
[REDACTED]			
[REDACTED]			

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:

Angel Ballester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02

Date

Daytime Phone #

CR2E081 (9/01)