

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N01000006751**

1. Corporation Name

**J.L. WILLIAMS MINISTRIES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 12 AM 7:54

REINSTATEMENT

02-03

Principal Place of Business

Mailing Address

11330 NW 18TH ST  
PLANTATION FL 33323

11330 NW 18TH ST  
PLANTATION FL 33323

02/11/02 90020 027 \$61.25



100015648881

04/10/03--01068--004 \*\*175.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WILLIAMS, JOHNNY L	11330 NW 18TH ST	PLANTATION FL 33323
DS	WILLIAMS, MARY L	11330 NW 18TH ST	PLANTATION FL 33323
DT	CUNNINGHAM, YVONNE	5424 NW 57TH ST	TAMARACION FL 33025
D	BASS, PHILLIP	3443 FOX CROFT RD	MIRAMAR FL 33025
D	HACKETT, HANDLE	2501 NW 41ST AVE BLD 309 #6	LAUDERHILL FL 33313

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05/12/03--01011--001 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, JOHNNY L  
11330 NW 18TH ST  
PLANTATION FL 33323

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

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date **4-7-03**

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-03**

**954-577-8381**

Date

Daytime Phone #

CR2E040 (8/02)