

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 28 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008858

1. Corporation Name

JOINT HEIRS CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business

1805 CHERRY RIDGE DR.
LAKE MARY FL 32746

Mailing Address

P.O. BOX 953503
LAKE MARY FL 32795-3503

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

2. New Principal Office Address, If Applicable

590 RINEHART ROAD

Suite/Apt. #, etc.

3

City & State

LAKE MARY, FL.

Zip

32746

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2001

5. FEI Number

59-3706689

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/VP	HARDY, WILLIAM	1101 FIRST DRIVE	SANFORD FL 32771
D T	EVANS, HORTENSE DR	1805 CHERRY RIDGE DRIVE	HEATHROW FL 32746
D	JACKSON, JOYCE	1133 EAST 7TH AVE.	SANFORD FL 32771
P/C	PRESTON ADAMS, JR.	8092 CANYON LK. CR.	ORLANDO, FL 32835
D	INEZ FISHER	678 Goodrich DR., DELTONA, FL	DELTONA, FL 32738
D	JOYCE WEBSTER	684 Raleigh Ct.	DELTONA, FL 32738
D	ERNEST CUIBERTH	2931 W. 5TH STREET	SANFORD, FL 32771
VP/D	LOWMAN OLIVER	707 SANFORD AVE,	SANFORD, FL 32771

8. Name and Address of Current Registered Agent

HICKS, REGINALD D
249 LIME AVE
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

PRESTON ADAMS

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

8092 CANYON Lk. Circle

Suite, Apt. #, Etc.

600008620076

City

ORLANDO

10/28/02--01067--006 **236 25

State

FL

Zip Code

32835

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 10/25/02

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

Pastor
President / Chairman

Date

10/25/02

Daytime Phone #

(407)
833-9255

CR2E040 (8/02)