

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 MAR -4 AM 8:00

DOCUMENT # NO1000009053

1. Corporation Name

JESUS MIRACLE CENTER, INC.

REINSTATEMENT

03-04
MRB

500029861105
03/04/04--01007--028 **122.50

2. Principal Office Address
9701 NW 7TH AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33150

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

300001837

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

APPOLINAIRE BAYORO

Street Address (P.O. Box Number is Not Acceptable)
8450 NW 169TH TERRACE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33016

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

Date 02-23-04

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
P	APPOLINAIRE BAYORO	8450 NW 169TH TERRACE	MIAMI, FL 33016
VP	JOSETTE BAYORO	8450 NW 169TH TERRACE	MIAMI, FL 33016
D	DORCAS BAYORO	8450 NW 169TH TERRACE	MIAMI, FL 33016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPOLINAIRE BAYORO

Date

2/23/04

Daytime Phone #

(305) 762-4200

CR2E081 (01/04)

282

February 23RD 2004

To Whom It May Concern:

IT WOULD BE APPRECIATED IF YOU COULD WAIVE REINSTATEMENT FEES
FOR OUR ORGANIZATION.

WE DID NOT RECEIVE NOTICES FOR THE ANNUAL BUSINESS REPORT FOR
THE YEAR 2003.

THANKING YOU FOR YOUR COOPERTION.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Appo Bayoro', written over a horizontal line.

PASTOR APPO BAYORO
PASTOR IN CHARGE