

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 26 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006587

1. Corporation Name
Apostolic Ministries of The
Lord Jesus Christ, Inc

2. Principal Office Address - No P.O. Box #

720 Jackson St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 310

Suite, Apt. #, etc.

City & State

Greensboro, FL

City & State

Greensboro, FL 32330

Zip

FLA.

Country

USA

Zip

32330

Country

USA

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

300 0112 912

☐ 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 Abraham Aviles

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

720 Jackson Street

Suite, Apt. #, Etc

City Greensboro, FLA.

State

FL

Zip Code

32330

500241232625
10/26/12--01003--025 **358.75

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

Abraham Aviles

REGISTERED AGENT MUST SIGN

Date 10-26-2012

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
PD	Abraham Aviles	720 Jackson St.	Greensboro, FL 32330
SD	Miriam Aviles	61 Clark St.	Greensboro, FL 32330
TD	Usvaldo Guerrero	979 Hwy 12	Greensboro, FL 32330

AC 10/26

10. E-mail Address: cad 939908@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Abraham Aviles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-2012 519-2937

Date

Daytime Phone #