

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03000000843

1. Corporation Name

JESUS IN DOMINION MINISTRIES, INC.

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

11900 N NEBRASKA DR

3. Mailing Office Address

P O BOX 3393

Suite, Apt. #, etc.

UNIT #5

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

RIVERVIEW, FL

Zip

33612

Country

US

Zip

33568

Country

US

**7. Name and Address of Current Registered Agent**

Name  
KIRK R SMITH

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

11504 VILLAGE BROOK DRIVE

Suite, Apt. #, Etc.

City  
RIVERVIEW

State

FL

Zip Code

33569

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

REGISTERED AGENT MUST SIGN

Date 02/03/2007

**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
PRESIDENT/FAST	KIRK R SMITH SR	11504 VILLAGE BROOK DR	RIVERVIEW FL 33569
VICE-PRESIDENT	RONALD G BRADFORD	3705 E LAMBRIGHT STREET	TAMPA FL 33610
ADMIN DIRECTOR	VENESSA C SMITH	11504 VILLAGE BROOK DR	RIVERVIEW FL 33569
PUBLIC RELATIONS	PAMELA D BRADFORD	3705 E LAMBRIGHT STREET	TAMPA FL 33610

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 contained in Chapter 119, 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:

*Venessa C Smith*  
VENESSA C SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/2007

Date

(813)417-7524

Daytime Phone #

FILED

07 FEB -8 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700089585097

02/27/07--01020--026 \*\*358.75

REINSTATEMENT

05-06

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB. 3, 2003

5. FEI Number

753104951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.