

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
CORPGRATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	SECRETARY OF STATE DIVISION OF CHEPURATIONS  09 SEP 30 PM 2: 45
DOCUMENT # NOS 00000 9534  1. Corporation Name	
Jesus 15 the Way outreach minuty international in-Nonprofut	200160884012 09/21/0901046003 **245.00
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address  1055 Great Shooly Lane 1055 Great Shooly love  Suite, Apt. #, etc.  Suite, Apt. #, etc.	CR2E081 (12/08)
ochando, 7132825 orl4 valo, City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida
21/2 1/32825 Orange   32825 Orange   Country   Country	5. FEI Number  NOS 0000 9 9 5 3 4  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	
Street Address (P.O. Box Number is Not Acceptable)  OSS CROS Shouly Lane  Suite. Apt. #, Etc.  OH Molo,  City  State  Zip Code  FL 328755	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.
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 MUST SIGN  Date 9-18-09	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	
NO Moise Legenne 1055 Great	shoot odonelo 7/ 3-2825
Sime Emmanuel Louidor 1055 Great	shady ortenda 7/32825
pr. Mary B. Borston 2682 Runun	Rp1/04 Overdo, 7/32765
Fig. 40. 40 11. 11 PINIPIA 1	

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 filling 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.