

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05000010893

1. Corporation Name

Jacksonville Son Ministries, Inc.

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

11378 Aston Hall Dr S.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

USA

3. Mailing Office Address

11378 ASTON HALL DR S

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/20/2005

5. FEI Number

20-3689721

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

Forrest T. Brett

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

11378 Aston Hall Dr S

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

☐ 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

*Forrest T. Brett*

REGISTERED AGENT MUST SIGN

Date 12-2-09

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	Forrest T. Brett	11378 Aston Hall Dr S	Jacksonville, FL 32246
VPD	Olga I. Brett	11378 Aston Hall Dr S	Jacksonville, FL 32246
SD	Randy L. Brett	7595 Baymeadows Cir. W, #2201	Jacksonville, FL 32256
		12/14	

10. E-mail Address: Forresttb1@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., 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.

SIGNATURE:

*Forrest T. Brett*

FORREST T. BRETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-2-9 904-641-9815

Daytime Phone #

FILED  
09 DEC -4 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100163322631  
12/04/09--01034--010 \*\*358.75

REINSTATEMENT 07-09  
CR2E081 (11/09)