

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 MAR 15 PM 2:02

SEARCHED  
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INDEXED  
FILED

DOCUMENT # N06000001291

1. Corporation Name

Jesus  
On The Move For Ministry Community Outreach, Inc.

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

117 Camellia Drive

Suite, Apt. #, etc.

3. Mailing Office Address

117 Camellia Drive

Suite, Apt. #, etc.

City & State

Quincy, FL 32351

Zip

32351

Country

U.S.

City & State

Quincy, FL 32351

Zip

32351

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

26-2149335

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

Valencia R. Brinson

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

117 Camellia Drive

Suite, Apt. #, Etc

City

Quincy

State

FL

Zip Code

32351

200245768432  
03/15/13--01024--014 \*\*358.75

200245768432  
03/15/13--01024--015 \*\*17.50

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

Valencia R. Brinson  
REGISTERED AGENT MUST SIGN

Date

3/15/13

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	Valencia Brinson	117 Camellia Drive	Quincy, FL 32351
VP	Wilbert Brinson	117 Camellia Drive	Quincy, FL 32351
S	Laura M. Oliver	550 State Hwy 81	Ponce De Leon, FL 32351
T	Patricia A. Jackson	P.O. Box 84	DeFuniak Springs, FL 32435
	REINSTATEMENT		

10. E-mail Address: brinson8@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:

Wilbert Brinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/13

Date

Daytime Phone #

(850) 627-4100