

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000003626

1. Corporation Name

JERICOH CHRISTIAN CHURCH INC.

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

354 SUNSHINE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

354 SUNSHINE DRIVE

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33066-1817

Country

USA

Zip

33066-1817

Country

USA

7. Name and Address of Current Registered Agent

Name

DIXON ALEXANDRE

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

2800 W OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

101

City

OAKLAND PARK

State

FL

Zip Code

33311

4. Date Incorporated or Qualified

To Do Business in Florida **04/03/2006**

5. FEI Number

20-4625500

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.

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

Dixon Alexandre

REGISTERED AGENT MUST SIGN

Date

12-09-09

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
P	JIORDANY FRANCOIS	354 SUNSHINE DRIVE	Coconut Creek, FL 33066

10. E-mail Address: **JIORDANY@HOTMAIL.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-09-09

Daytime Phone #

FILED

09 DEC 14 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT
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