

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2014 FEB -5 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000007259

1. Corporation Name

THE CHURCH OF JESUS OF UMATILLA, INC.

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

38628 LINE STREET
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2354
Suite, Apt. #, etc.

City & State

UMATILLA, FLORIDA
Zip Country

City & State

UMATILLA, FL.
Zip Country

32784

32784

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/2006

5. FEI Number

260255562

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

50.75-Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUSSE SMITH

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

38628 LINE STREET
Suite, Apt. #, Etc.

City

UMATILLA

State

FL

Zip Code

32784

000256413740

02/05/14--01024--012 **551.25

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

Gusse E. Smith

Date 02/02/2014

REGISTERED AGENT MUST SIGN

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	GUSSE SMITH	38628 LINE STREET	UMATILLA, FL. 32784
VPD	JOSEPH JONES	38628 LINE STREET	UMATILLA, FL. 32784
SD	GEORGE EVANS, JR.	38628 LINE STREET	UMATILLA, FL. 32784
			S. HAWKES
			FEB - 6 A.M.
			EXAMINER

REINSTATEMENT

2009/14

10. E-mail Address: JJONESJ0624@EMBARQMAFL.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:

JOSEPH JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPP

02/02/2014

DATE

352-267-7538

Daytime Phone #