

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 MAR 11 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07000003274**

1. Corporation Name

First Choice Ministries, Inc.

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

5351 Edgewater Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5351 Edgewater Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32810

Country USA

Orange

City & State

Orlando, FL

Zip

32810

Country

USA

7. Name and Address of Current Registered Agent

Name

Lorenzo Jones

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

7869 Shell bark Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

Lorenzo L. Jones

REGISTERED AGENT MUST SIGN

Date

3/8/2010

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	Lorenzo Jones	7869 Shell bark Dr	Orlando, FL 32818
V	Janie Jones	7869 Shell bark Dr	Orlando, FL 32818
S	Sunitia Jones	618 Kenavick Circle	Casselberry, FL 32708
D	Larhonzia Jones	12330 Curry Drive	Spring Hill, FL 34608

10. E-mail Address: Teach first best @ 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:

Lorenzo L. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/10

Daytime Phone #

407-293-2020

600171870006
03/11/10-01025-017 **187.00
REINSTATEMENT
08-10

4. Date Incorporated or Qualified To Do Business in Florida

06/04/2007

5. FEI Number

20-8742595

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.