


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 13 AM 9:50

DOCUMENT # N07933

1. Corporation Name

JOINT-HEIRS MINISTRIES, INC.

Principal Place of Business

2100 DUNN AVENUE
1527 GANDY ST
JACKSONVILLE FL 32218
US

Mailing Address

2100 DUNN AVENUE
JACKSONVILLE FL 32218
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2100 Dunn Avenue

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32218

Country
US

3. New Mailing Office Address, If Applicable

2100 Dunn Avenue

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32218

Country
US



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1985

5. FEI Number

59-2667945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	THOMAS, DAVID	11530 LAGUNA COURT	JACKSONVILLE FL
D VD	DAVID R. THOMAS DAVID R. THOMAS	817 N VALENCIA COURT 11511 LAGUNA CT	SANFORD FL 32771 JACKSONVILLE FL 32218
SD TD	DAVID R. THOMAS DAMIKA R. THOMAS	1834 LOBSTER LANE 3938 MURFIELD BLVD E.	JACKSONVILLE FL 32225
D	JOHNSON, RICHARD	458 SHANNA ISLES CT	JACKSONVILLE FL
D	THOMAS, DEBRA	11530 LAGUNA COURT	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

THOMAS, DAVID
11530 LAGUNA COURT
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name Thomas, David M.
Street Address (P.O. Box Number is Not Acceptable)
3938 Murfield Blvd E
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32225

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

David M. Thomas

REGISTERED AGENT MUST SIGN

Date

11/6/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Delora Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/01

Daytime Phone #

CFR2040 (8/01)