


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 31 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08709**

1. Corporation Name
JESUS BIBLE WAY CHURCH, INC.

Principal Place of Business Mailing Address

564 EAST 64TH STREET JACKSONVILLE FL 32208 US
486 MALCROSS AVE JACKSONVILLE FL 32208

HR



REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable
9741 Lem Turner Rd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Jacksonville, FL.

Zip
32208

Country
U.S.

4. Date Incorporated or Qualified To Do Business in Florida
04/15/1985

5. FEI Number
59-2657259

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
VD	SUTTON, JAMES R	7115 BLOXHAM	JACKSONVILLE FL
PD	RHODEN, GARLAND	486 MALCROSS AVE	JACKSONVILLE FL
T	SHERRILL, NOLA T	1405 LILA STREET	JACKSONVILLE FL 32208

400004694984--4
-11/27/01--01046--007
****236.25 ****236.25

8. Name and Address of Current Registered Agent
RHODEN, GARLAND
486 MALCROSS AVE
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent
Name: **Garland Rhoden**
Street Address (P.O. Box Number is Not Acceptable): **486 Malcross Ave**
Suite, Apt. #, Etc.
City: **Jacksonville** State: **FL** Zip Code: **32208**

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: *Garland Rhoden* REGISTERED AGENT MUST SIGN
Date: **10-22-01**

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: *Garland Rhoden* **10-22-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)