

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08709		01 OCT 31 PM 12:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name JESUS BIBLE WAY CHURCH, INC.			
Principal Place of Business 564 EAST 64TH STREET JACKSONVILLE FL 32208 US		Mailing Address 486 MALCROSS AVE JACKSONVILLE FL 32208	
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. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State Jacksonville, FL.		City & State	
Zip 32208	Country U.S.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 04/15/1985		5. FEI Number 59-2657259	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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: <u>Garland Rhoden</u> Date: <u>10-22-01</u> REGISTERED AGENT MUST SIGN			
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: <u>Garland Rhoden</u> Date: <u>10-22-01</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			