

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 JUL 17 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N 10270

**1. Corporation Name**

JESUS WILL SET YOU FREE, INC.

W-13020

**2. Principal Office Address**

6862 Candlewood Drive

Suite, Apt. #, etc.

City & State

Fort Myers, FL 33919

Zip

33919

Country

USA

**3. Mailing Office Address**

c/o Leonard L. Liszewski, Esq.  
2110 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33901

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/17/85

**5. FEI Number**

59-2657893

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

9700

**7. Name and Address of Current Registered Agent**

Name

Leonard L. Liszewski, Esq.

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

2110 Cleveland Avenue

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33901

500003329155-5

-07/20/00--01013--013

\*\*\*\*420.00 \*\*\*\*420.00

**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

*Leonard L. Liszewski*  
REGISTERED AGENT MUST SIGN

Date 4-25-00

**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/D	Kennith G. Pompliano	9384 Rodeo Drive	Gilroy, CA 95020
VP/D	Kennith G. Pompliano	9384 Rodeo Drive	Gilroy, CA 95020
VP/D	Robert G. Pompliano	6862 Candlewood Drive	Fort Myers, FL 33919
S/D	Elizabeth G. Pompliano	9384 Rodeo Drive	Gilroy, CA 95020

**10. 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:**

*Kennith G. Pompliano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kennith G. Pompliano

Date 4/30/00 Daytime Phone #

408-847-5611

CR2E081 (9/99)