

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N13707**

1. Corporation Name  
**...IN THE NAME OF JESUS MINISTRIES, INC.**

Principal Place of Business Mailing Address

C/O STEPHANNIE L. DACOSTA. ATTY.  
 1980 N. ATLANTIC AVE., SUITE 602  
 COCOA BEACH FL 32931

C/O STEPHANNIE L. DACOSTA. ATTY.  
 1980 N. ATLANTIC AVE., SUITE 602  
 COCOA BEACH FL 32931

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


2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #-etc. Suite, Apt. #-etc.

City & State City & State

Zip Country Zip Country

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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**REINSTATEMENT 01**

4. Date Incorporated or Qualified To Do Business in Florida **03/06/1986**

5. FEI Number **59-2859186** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	O'BRIEN, HOLLIE L.	1525 MINUTEMAN CSWY, #105	COCOA BEACH FL
PD	WITTBOLD, JANE C.	690 OSCEOLA AVE 502	WINTER PARK FL 32789
D	BRAGG, VIVIAN	1455 BROOK DRIVE	MELBOURNE FL 32935
D	SMITH, JIMMIE	149 GABETVILLE CR	LAGRANGE GA
D	QUINN, CAROLYN W	782 CLAYTON GOOCH	DAHLONEGA GA 30533
MD	IVANCHAK, MARC	BOX 320735	COCOA BCH FL 32931

8. Name and Address of Current Registered Agent

DACOSTA, STEPHANNIE L.  
 1980 NORTH ATLANTIC AVENUE  
 SUITE 602  
 COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 Stephanie L. O'Brien Date 11-10-01  
 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: Jane C. Wittbold Date 11-29-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)