

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

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

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

Zip Code

FL

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
REGISTERED AGENT MUST SIGN

Date 11-10-01

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)(j), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-01

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