

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 MAY 22 PM 2:15

DOCUMENT # N14000006704

1. Corporation Name

Jesus#1 Ministry Inc.

2. Principal Office Address - No P.O. Box #

1350 Sirocco St

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip Country

33919 USA

3. Mailing Office Address

8501 Mahala Dr

Suite, Apt. #, etc.

City & State

High Point, NC

Zip Country

27265 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
7/16/2014

5. FEI Number

47-1448124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Registered Agents Inc.

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

3030 N. Rocky Point Dr.

Suite, Apt. #, Etc.

STE 150A

City

Tampa

State

FL

Zip Code

33607

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
	Jinoc Lee, President & Director	8501 Mahala Dr	High Point, NC 27265
	Katia Nascimento, Secretary & Director	1350 Sirocco St	Fort Myers, FL 33919
	Boyoung Lee, Treasurer & Director	8501 Mahala Dr	High Point, NC 27265

T HENDERSON
AUG 03 2017

10. E-mail Address: drtommylee@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/2017

Date

239-313-0627

Daytime Phone #