FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 MAR 20 AM 7:01

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21021

1. Corporation Name

Just for the Love Of Jesus Ministries, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
45101 Blessed Way		P.O. Box 1597	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Callahan, Fl.		Callahan, Fl.	
Zip	Country	Zip	Country
32011	USA	32011	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
06/08/1987

5. FEI Number
59-2813283

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Elizabeth Charlene Ostrander

Street Address (P.O. Box Number is Not Acceptable)
45101 Blessed Way

Suite, Apt. #, Etc.

City	State	Zip Code
Callahan	FL	32011

800244661558
03/20/13--01023--011 **61.25

800244661558
02/12/13--01023--026 **236.25

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 Elizabeth C. Ostrander Date 2-9-13

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
P	Elizabeth C. Ostrander	45101 Blessed Way	Callahan, Fl. 32011
V	Shelia M. French	3753 Finch Pl.	Hilliard, Fl. 32046
D	Dennis J. Selix	45101 Blessed Way	Callahan, Fl. 32011
	REINSTATEMENT		
	3/12-13		

S. HAWKES
MAR -. 2013
EXAMINER

10. E-mail Address: ELIZABETHCO@WINDSTREAM.NET
(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: Elizabeth C. Ostrander Elizabeth C. Ostrander 2-9-13 1-904-879-6404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #