

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 28396

1. Corporation Name

CITY OF OUR LORD JESUS CHRIST, INC

100015550351
10/12/04--01035--009 **\$1.25

2. Principal Office Address

24000 245TH

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2926

Suite, Apt. #, etc.

04/09/03 01020 011 31250

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip Country

FL 33713 3

Zip Country

33731 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3928037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JASPER Lee HARDY

100015550351

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

4000 245TH

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33713

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

Jasper Hardy
REGISTERED AGENT MUST SIGN

Date

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
PD	HARDY JASPER	4000 245TH	ST PETERSBURG FL 33713
VD	HARDY JENNIE	1710 37ST. SO	ST PETERSBURG FL
T	POWELL BARBARA	2310 E. HARBOR DR.	ST PETERSBURG FL 33713
S	HARDY SHERRIE	1130 30ST SO	ST PETERSBURG FL 33713

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)