

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 15 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N30094

1. Corporation Name

HOLY CHURCH OF JESUS CHRIST INC.

W04500012477

Principal Place of Business

Mailing Address

8410 NE 15th PL  
MIAMI FL 33139  
US

P.O. BOX 380306  
MIAMI FL 33238



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

REINSTATEMENT

0204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12385 N.W. 17th AVE  
MIAMI Florida

City & State

Zip

Country

Zip

Country

33167 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1989

5. FEI Number

65-0275842

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
P	GEORGES, JEAN N	12385 N.W. 17TH AVENUE	MIAMI FL 33167
D	LUSANA, JOSEPH	289 N.W. 108TH TER.	NORTH MIAMI FL 33168
D	GEORGES, JULMENE D	12385 N.W. 17TH AVENUE	MIAMI FL 33167
D	ORLANDO, SERGE	4074 PALM BEACH	WESTON FL 33331
			000031367020 04/15/04--01046--012 **8.75
			000031367020 03/30/04--01012--017 **8.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGES, JEAN N  
12385 N W 17TH AVENUE  
NORTH MIAMI FL 33167

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature*

REGISTERED AGENT MUST SIGN

Date

03/25/04

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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04

Date

Daytime Phone #

305 6850267