

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N30748

**1. Corporation Name**

Jesus Miracle Chapel, Inc.

**2. Principal Office Address**

9090 E. Irlo Bronson Hwy.

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34773

Country

Osceola

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
06 MAY 19 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CR2E081 (12/05) 04-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/17/89

**5. FEI Number**

65-0089939

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

Lee Hoffman

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

9090 E. Irlo Bronson Hwy.

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34773

**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

*Lee Hoffman*

Date 5/17/06

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
D.P.	Lee Hoffman	9090 E. Irlo Bronson Hwy.	St. Cloud, FL 34773
D.V.	Robert Harris	5535 Osceola Drive	St. Cloud, FL 34773
D.S.	Cathy Harris	5535 Osceola Drive	St. Cloud, FL 34773

**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 contained in Chapter 119, 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:**

*Lee Hoffman*

Lee Hoffman, Pres. 5/17/06 (407) 892-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ADDISON E. WALKER**

**ATTORNEY AT LAW**

4313 NEPTUNE ROAD

**ST. CLOUD, FLORIDA 34769**

TELEPHONE

(407) 892-2525

FAX

(407) 892-5536

May 17, 2006

Department of State  
Division of Corporations  
Attn: Not For Profit Reinstatement  
P. o. box 6327  
Tallahassee, FL 32314

Re: Jesus Miracle Chapel, Inc.  
Not for Profit Reinstatement

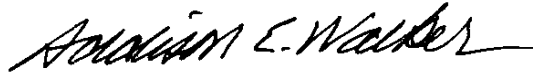
Dear Sir or Madam:

Enclosed is a completed application for corporate reinstatement. This corporation sustained severe damages in the hurricane season, and the annual notice form was not received.

My understanding is that the reinstatement fee will be waived. However, the annual corporate fee of \$61.25, for three years, must be paid. A check in the amount of \$183.75 is enclosed.

Thank you for your help with this matter.

Very truly yours,



ADDISON E. WALKER

AEW/mw  
Encls.