

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009788438
01/02/03--01070--005 **70.00



DOCUMENT # N93000003249

1. Corporation Name

JESUS IS THE WAY MINISTRIES INC.

Principal Place of Business

3324 WEST BROWAR BLVD
FORT LAUDERDALE FL 33311
US

Mailing Address

JESUS IS THE WAY MIN. INC.
PO BOX 938531
MARGATE FL 33093
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1993

5. FEI Number

NOT APPLICABLE

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | JOHNSON, LONNIE B JR. | 651 NW 18TH CT | POMPANO BEACH FL 33060 |
| D | JOHNSON, SUSIE A | 2660 NW 5TH ST. | POMPANO BCH. FL |
| T | PORTER, KESHA L | 2643 NW 8TH ST. | POMPANO BCH. FL |
| SD | JOHNSON, MAMIE L | 651 NW 18 COURT | POMPANO BEACH FL 33060 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

JOHNSON, SUSIE A
7117 SPORTSMAND DRIVE
POMPANO BEACH FL 33068

9. Name and Address of New Registered Agent

Name

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

5751 BLUEBERRY Ct

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33313

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-31-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-31-02 954-994377

CR2E040 (8/02)

12-30-02

To whom it may concern,

This letter is to inform you that the
Corporation I represent did not receive the two
prior Uniform Business Report notices

Yours,

Samuel A. Johnson