

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -5 AM 9:17

DOCUMENT # N95000005465

1. Corporation Name

Lion of Judah World Outreach, Inc.  
~~XXXX~~

REINSTATEMENT 05-07

2. Principal Office Address

11570 SAN Jose Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Florida

Zip

32223

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

59-334-3634

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

JUAN CARLOS GONZALEZ DEL VALLE

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

5978 Wakulla Springs Rd.

500083419975

01/05/07 01050 007 \*\*\*358.75

Suite, Apt. #, Etc.

Jacksonville

City

Jacksonville

State

FL

Zip Code

32258

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

JCS Valle

Date

1-3-07

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	JUAN CARLOS G. Del Valle	5978 Wakulla Spr. Rd.	Jax, FL 32258
V/D/S	Kimberly M. Gonzalez Del Valle	5978 Wakulla Sp. Rd.	Jax, FL 32258
D/T	Nickolas Simovic	8550 Perimeter Park Blvd.	Jax, FL 32216
D	JANE McDONNOUTH	PO Box 16298	Tampa, FL 33687

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly M. Gonzalez Del Valle

Date

1-3-07

Daytime Phone #

904-268-4968