

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N96000000569**

1. Corporation Name

JACINTO M. SIMS MINISTRIES, INC.

Principal Place of Business

Mailing Address

1923 HOLLY OAKS RAVINE
 JACKSONVILLE FL 32225
 US

1923 HOLLY OAKS RAY DR
 JACKSONVILLE FL 32225
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 1993-1999

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1996

5. FEI Number

59-3361524

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	SIMS, JACINTO M	408 ROLLING ROCK CT 1923 Holly Oaks Ravine Dr	JACKSONVILLE FL 32225
DV	SIMS, ERNESTINE P	1923 HOLLY OAKS RAVINE DR	JACKSONVILLE FL
DST	SIMS, VIVIAN L	808 EIGHTH AVE S	JACKSONVILLE BEACH FL 32250

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMS, JACINTO M
 1923 HOLLY OAKS RAVINE DR
 JACKSONVILLE FL 32225

Name: **SIMS, JACINTO M.**
 Street Address (P.O. Box Number is Not Acceptable):
 Suite, Apt. #, Etc:
 City:
 State: **FL** Zip Code:

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.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date: 1/16/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 (904)620-9995
 Date Date

CR2EDM0 (9/98)