

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000569

1. Corporation Name

JACINTO M. SIMS MINISTRIES, INC.

Principal Place of Business

1923 HOLLY OAKS RAVINE
JACKSONVILLE FL 32225
US

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3361524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	SIMS, JACINTO M	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
			400003656734--1 -02/08/01--01005--010 ****236.25 ****236.25
			REINSTATEMENT 00 18

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/22/01

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

JACINTO M. Sims

Date

Daytime Phone #

1/22/01

904.620.9995