PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 JAN 29 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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)

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 T8

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 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CR2E040 (8/00)

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

Signature of Registered Agent: SIGNATURE REQUIRED — 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 REQUIRED — Jacinto M. Sims — 1/22/01 — 904.620.9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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