PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # N 9 7 0 0 0 0 0 2 8 3 8 1. Corporation Name Jesus Is the Answere Jesus Is the Way, Inc. 2. Principal Office Address G17 S. W. Aye B Suite, Apt. #, etc. 3. Mailing Office Address P. O. Box 6483 Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florid	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Belle Liales Florida Country Palm Beach, Florida. Country Palm Beach, Florida. Country Country Palm Beach, Florida. Country	
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7. Name and Address of Current Registered Agent	lico
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Name Leng Mge Sellers Street Address (P.O. Box Number is Not Acceptable) 62970rest Hill BIVD Suite, Apt. #, Etc. City West Palm Beach. State Zip Code FL 33405	
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 Date Section 607.0505 or 617.0503, F.S. Pate 3-15-05 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	
president Rev Leng Mae Sellens (029 Forest H. 'LL BIVD WPB, 7/9.33405) VICE President Pastor, Ramon Sellens 629 Forest H. LBIW WPB, 7/9.33405 Secent Libby Johnson, 507 S. Congress Ave WPB, 7/9.33409	
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 under section 119.07(3)(i), F.S. The information indicate 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 Daylume Phone #	ed