

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004061		APPROVED AND FILED 99 APR 20 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Arthur Jackson, III Ministries			
Principal Place of Business 12289 Pembroke Road, Suite 6 Pembroke Pines, FL 33025			
Mailing Address 12289 Pembroke Road, Suite 6 Pembroke Pines, FL 33025		4. Date Incorporated or Qualified To Do Business in Florida 7-16-97	
If above addresses are incorrect in any way, line through incorrect information and enter correction below		5. FEI Number 65-0910620	
2. New Principal Office Address, If Applicable		Applied For Not Applicable	
Suite, Apt. #, etc.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City & State			
Zip			
Country			
3. New Mailing Office Address, If Applicable			
Suite, Apt. #, etc.			
City & State			
Zip			
Country			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
T	Arthur Jackson, III	12289 Pembroke Road, Suite 6 Pembroke Pines, FL 33025	
T	Alphonso Jackson, Sr.	12289 Pembroke Road, Suite 6 Pembroke Pines, FL 33025	
T	Carmen Goldsmith	12289 Pembroke Road, Suite 6 Pembroke Pines, FL 33025	
REINSTATEMENT 98-99 B 4/20/99			
8. Name and Address of Current Registered Agent Arthur Jackson, III 12289 Pembroke Road, Suite, #6 Pembroke Pines, FL 33025			
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 of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Arthur Jackson, III Date 4/14/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Arthur Jackson, III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/14/99 Daytime Phone # (305) 624-8170	