

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 DEC 19 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002928**

1. Corporation Name

INTERNATIONAL JAIL MINISTRIES, INC.

REINSTATEMENT

02

Principal Place of Business
**2460 TESORO COURT
KISSIMMEE FL 34744**

Mailing Address
**2460 TESORO COURT
KISSIMMEE FL 34744**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

09/17/02 90095 041 #236.25

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/22/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3527457	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	GONZALEZ, FRANCISCO	2460 TESORO COURT	KISSIMMEE FL 34744
D	GUZMAN, EMILIO	14367 TANBOURINE DR.	ORLANDO FL 32837
D	GONZALEZ, RUTH	2460 TESORO COURT	KISSIMMEE FL 34744

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GONZALEZ, FRANCISCO 2460 TESORO COURT KISSIMMEE FL 34744		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent *Francisco Gonzalez* **SIGNATURE REQUIRED** Date 12/15/02
REGISTERED AGENT MUST SIGN

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: *Francisco Gonzalez* **SIGNATURE REQUIRED** 12/15/02 - 407-3484654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/02)