

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 19 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005151

1. Corporation Name

JESUS CAN HELP MINISTRY INC.

Principal Place of Business

1339 MAZUREK BLVD.
PENSACOLA FL 32514

Mailing Address

1339 MAZUREK BLVD.
PENSACOLA FL 32514

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/02/1998

5. FEI Number

59-3514409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 1999

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	4 City / State / Zip
			600003039906--1 -11/09/99--01068--022 ****236.25 ****236.25
Director	Gregory Washit	1339 MAZUREK BLVD	PENSACOLA FL 32514
Director	Bill McKinney	1570 Janice Ct	Shuf/Breezy, FL 32561
Director	Herbert Martin	702 E. Columbia Ave	Cantonment 32508

8. Name and Address of Current Registered Agent

WASHINGTON, GREGORY O
3420 SCHIFKO ROAD
CANTONMENT FL 32533

9. Name and Address of New Registered Agent

Name
GREGORY O. WASHINGTON
Street Address (P.O. Box Number is Not Acceptable)
1339 MAZUREK BLVD
Suite, Apt. #, Etc.

City
PENSACOLA

State
FL

Zip Code
32514

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

Gregory O. Washit
REGISTERED AGENT MUST SIGN

Date 10-16-99

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:

Gregory O. Washit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-99 (850) 484-8697
Date Daytime Phone #

CR2500 (8/99)