

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -9 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N99000000634

JEROME Jones Ministries Inc.

2. Principal Office Address

1801 DAVIDE Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

12717 West Sunrise Blvd

Suite, Apt. #, etc.

Suite 333

City & State

Fort Lauderdale, FL

City & State

Sunrise, FL

Zip

33312

Country

BROWARD

Zip

33323

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 1, 1999

5. FEI Number

65-0879219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerome Jones

Street Address (P.O. Box Number is Not Acceptable)

12717 West Sunrise Blvd

Suite, Apt. #, Etc.

333

City

SUNRISE

600004324446

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****297.50 ****297.50

REINSTATEMENT

TS

State

FL

Zip Code

33323

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

Jerome Jones

Date 5-08-01

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
DP	JEROME Jones	12717 W. Sunrise Blvd	Sunrise, FL 33323
DS	Lois Jones	12717 W. Sunrise Blvd	Sunrise, FL 33323
DT	LARRY BROWN	5780 N.W. 12th Street	Lauderhill, FL 33313

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Jerome Jones / DR. JEROME JONES

5/08/01 954-760-9466

Date

Daytime Phone #