CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

3. Mailing Office Address

DIVISION OF CORPORATIONS

DOCUMENT # N9900000748

1. Corporation Name

2. Principal Office Address

J. A.M. 4 Jesus, INC.

SECRETARY OF STATE SECRETARY OF STATE SEVIEW CORPORATIONS

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2281 Hartsfield RJ. Suite, Apt. #, etc.	Cuito Ant H ata	- REINST	ATEMENT	α
#1	Suite, Apt. #, etc.	4. Date Incorporated To Do Business in		SP
Tallahassee, F/	Zip Country	6.	5. FEI Number Applied For 5 9 - 3 5 9 2 0 3 0 Not Applicable	
7. Name and Address of Current Registered Agent				
Name Street Address (P.O. Box Number is No.) 28 / / + c Suite, Apt. #, Etc. City Tallahar:	artsfield Rd.	Anson Jr. 401. State FL		
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 12-21-00				
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 Officer and/or			
risident Lorenzo G. John	150n 2281 Hartsf		allahussee, Fl	32303
ice-les Rajeeyah Fina	ne		llahassee, Fl.	32303
licePres Robert Hunte	er 2281 Hartsi	reld Rd#2 Ta	Mahasse/F/3	32304
reasuler Taquasha Freen	1an 54/ N.W. 17+h	5t. F4	t. Landerdale, F	1-3306
mission Mary Smith	3/41 Tueplo	St- Ken	nner, LA 700	14
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 filling 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 gaid 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				