

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 FEB 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N99000000748**

1. Corporation Name

J.A.M. 4 Jesus, Inc.

300005001693--7
-03/11/02--01063--003
*****245.00 *****245.00

2. Principal Office Address

**6340 N.W. 200 Terr.
Miami, FL 33015**

Suite, Apt. #, etc.

3. Mailing Office Address

6930 N.W. 186 ST.

Suite, Apt. #, etc.

312

City & State

Miami, FL

City & State

Miami, FL

Zip

33015

Country

Zip

33015

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-5-99

5. FEI Number

59-3592030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Lorenzo G. Johnson JR.

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

6930 N.W. 186 ST.

Suite, Apt. #, Etc.

312

City

Miami

State

FL

Zip Code

33015

300005001693--7
-02/25/02--01093--001
*****61.25 *****61.25

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

Lorenzo G. Johnson Jr.
REGISTERED AGENT MUST SIGN

Date

2-25-02

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
President	Johnson Jr., Lorenzo G	6930 N.W. 186 ST. Apt. 312	Miami, FL 33015
VP	Greene JA., David A	17425 N.W. 75 Place unit #207	Hialeah, FL 33015
Trustee	Ellis, Corey	4305 N.W. 203 ST.	Miami, FL 33055
D	Smith, Mary	15 Eastlawn Ct.	Covington GA 30016
D	Shanks, Juanita	1241 N.E. 112 ST. #4A	North Miami, FL 33161
Di	Freeman, Taguasha	541 N.W. 17th ST	FT Lauderdale, FL 33067

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. All taxes 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:

Lorenzo G. Johnson Jr. CEO/President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02
Date

305-220-2075
Daytime Phone #

CR2E081 (9/01)