

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

N09100000009402

1. Corporation Name

JESUS OUR only ~~NEW~~ Christian Church Inc

2. Principal Office Address

5340 Red Bug Road

Suite, Apt. #, etc.

3. Mailing Office Address

R-08-1 521993

Suite, Apt. #, etc.

City & State

Casselberry FL

Zip Country

32708 Seminol

City & State

Longwood FL

Zip Country

32752 Seminol

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2-12-1999

5. FEI Number

31-1637156

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

Cesar chin

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

10 N First Ct Winter Spring

Suite, Apt. #, Etc.

City

State

FL

Zip Code

32708

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

Cesar chin

REGISTERED AGENT MUST SIGN

Date 12-26-00

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 of Each Officer and/or Director	City / State / Zip
P	Cesar chin	10 N First Ct	WS FL 32708
D	Felix Capo	1012 McCall Ct	Alafaya Woods OV. 3276
D	Mrs Iris N. Gonzalez	704 Suncrest 1112	Casselberry FL 32705
D	Mr Emma Croci	1012 McCall Ct	Alafaya Woods OV. 3276
			KE

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:

Cesar chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-26-00 (407)3274988

Daytime Phone #

CR2E081 (9/99)