

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:17

DOCUMENT # **N99000001336**

1. Corporation Name

**JESUS CHRIST IS LORD INTERNATIONAL MINISTRIES, I  
NC.**

Principal Place of Business

Mailing Address

**4040 N.W. 191ST TERRACE  
MIAMI FL 33055**

**4040 N.W. 191ST TERRACE  
MIAMI FL 33055**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1999

**SP**

5. FEI Number

**65-0899513**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SWANN, ESSIE M	4040 N.W. 191ST TERRACE	MIAMI FL 33055
DV	SWANN, GRIFFITH W	4040 N.W. 191ST TERRACE	MIAMI FL 33055
DST	GREEN, MARY L	4040 N.W. 191ST TERRACE	MIAMI FL 33055
D	JONES, WILLIE J	2261 N.W. 58TH STREET	MIAMI FL 33142
D	SWANN, TWELAN S	BLUE HILLS PROVIDENCIALES	CAICOS ISLANDS B.W.I.
D	SWANN, ELVA A	BLUE HILLS PROVIDENCIALES	CAICOS ISLANDS B.W.I.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SWANN, ESSIE M  
4040 N.W. 191ST TERRACE  
MIAMI FL 33055**

Name

**ESSIE M. SWANN**

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

**4040 N.W. 191ST TERRACE**

Suite, Apt. #, Etc.

**MIAMI, FL**

City

**900004679509--3**

11/14/01 State 01999 005

\*\*\*\*24\$ FL 33055.00

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

*Essie M. Swann*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**Oct. 19, 2001**

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:

*Essie M. Swann*

**ESSIE M. SWANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/19/01 305 436-4415**

Date

Daytime Phone #