

**NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

06 FEB 15 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10252005 REIN-NP CR2E099 (6/04)

DOCUMENT # N99000001601



1. Entity Name  
RECONCILIATION CHURCH OF JESUS CHRIST  
MINISTRY, INC.

Principal Place of Business  
2424 SW 42 TERRACE  
FORT LAUDERDALE, FL 33317

Mailing Address  
2424 SW 42 TERRACE  
FORT LAUDERDALE, FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0905589

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASORIA, S.M.III  
1040 BAYVIEW DRIVE STE. 600  
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*S.M. Casoria III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/13/06*  
DATE

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME JACKSON, DARCY  
STREET ADDRESS 2424 SW 42 TERRACE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE  Change  Addition  
NAME **000062469530**  
STREET ADDRESS  
CITY-ST-ZIP 12/29/05--01019--022 \*\*236.25

TITLE STD  Delete  
NAME JACKSON, CYNTHIA  
STREET ADDRESS 2424 SW 42 TERRACE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE  Change  Addition  
NAME **000062469530**  
STREET ADDRESS  
CITY-ST-ZIP 02/21/06--01010--008 \*\*61.25

TITLE UD  Delete  
NAME MCGILL, BEN  
STREET ADDRESS 2504 NW 31 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MLD  Delete  
NAME JACKSON, LINNELL  
STREET ADDRESS 509 NW 23 AVENUE - APT. 1  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REINSTATEMENT 05-06**

TITLE D  Delete  
NAME JACKSON, LEE  
STREET ADDRESS 2424 SW 42 TERRACE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Darcy Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/26/05*  
Date

Daytime Phone #