

NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 15 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0905589	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>S.M. CASORIA III</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<div style="text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;"> <u>2/13/06</u> <small>DATE</small> </div>		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, DARCY 2424 SW 42 TERRACE FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062469530 12/29/05--01019--022 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, CYNTHIA 2424 SW 42 TERRACE FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062469530 02/21/06--01010--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD MCGILL, BEN 2504 NW 31 AVENUE FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MLD JACKSON, LINNELL 509 NW 23 AVENUE - APT. 1 FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LEE 2424 SW 42 TERRACE FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Darby Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <u>12/26/05</u> <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>		