... - PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE	(200 E-3)	FLORIDA DEPAR Katherin Secretary DIVISION OF CO	ne Harris y of State			ED 5 PM 1: 19	l	
DOCUMENT # NAGOOOD 2578 1. Corporation Name					SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
Reaching Out for Jesus, Inc.						ec, i comb	N	
2. Principal Office Ad		3. Mailing Office Addres	/n				44	
	Street Blud. E.		4917 354n Ct.C		TATE	MENT	(Y)-01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida				
City & State		City & State		5. FEI Number		HORIT I	Applied For	
	Country Zip		AVENTON, ECONIDA		2174	534	Not Applicable	
34221	USA	34203	USA	6. CERTIFICATE	OF STATUS DESI		ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent								
Name ASOMBAN: Taylor								
Street Address (P.O. Box Number is Not Acceptable) 70003802287 — U -03/06/01-01051-036								
-03/06/01D1U51U36 Suite Apt, #_Etc. *****306, 25 *****301, 25								
City BRADENHUND.					State Zip (4303		
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 Date 2-22-01 REGISTERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							18	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
President Pastor A/	len Taylor	491	4917 3544 CtE.			ation, f	~ 34203	
minisker July	an Gillis	6.12	612 21ST.E.		Pali	nerto, F	134221	
Secretary Li	ma Coney	316	316 19th St.E.		Pain	e46, F1	134221	
	monica Mi	ipps 2415	24/5 13th Ave. DR. E.		Palm	etty F1	34221	
Business (Director) Administrator Lasonja Taylor			4917 35th Ct.E.			BRADENTON, F134203		
nuccion Je	cian Jerry Taylor		1625 21St ST.E. APTHIOS		BRADENTON, F1 34208			
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 filling 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: SIGNATURE: SIGNATURE:								
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								