

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
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

DOCUMENT # N99000002626

1. Corporation Name

APOSTLE J.L. CASH MINISTRIES, INC.

Principal Place of Business

Mailing Address

8601 S.W. 174TH ST
MIAMI FL 33157

8601 S.W. 174TH ST
MIAMI FL 33157



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

W62000002547

2. New Principal Office Address, If Applicable

PMB-170

Suite, Apt. #, etc.

7862 W. Irlo Bronson Hwy

City & State

Kissimmee Florida

Zip

34747

Country

USA

3. New Mailing Office Address, If Applicable

PMB-170

Suite, Apt. #, etc.

7862 W. Irlo Bronson Hwy

City & State

Kissimmee Florida

Zip

34747

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

65-0908621

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$275 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 | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| P | CASH, J L Director | 8601 S.W. 174TH ST | MIAMI FL 33157 |
| S | CASH, BETTY Trustee | 8601 S.W. 174TH ST | MIAMI FL 33157 |
| T | FISHER, EZELL Trustee | 8601 S.W. 174TH ST | MIAMI FL 33157 |
| | | | 000005172930--9 -03/27/02--01084--024 ****358.75 ****358.75 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 00-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASH, J L
8601 S.W. 174TH ST
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2/26/02

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:

Betty Cash
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02
Date

Daytime Phone #

407) 396-9267

CR2040 (8/00)