

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 the correct information and enter correction below.

*WB 2000002547*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

PMB-170  
 Suite, Apt. #, etc.

PMB-170  
 Suite, Apt. #, etc.

7862 W. Irlo Bronson Hwy  
 City & State

7862 W. Irlo Bronson Hwy  
 City & State

Kissimmee Florida

Kissimmee Florida

Zip 34747 Country USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

CR2E040 (8/00)