PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9900003432

1. Corporation Name

SIGNATURE:

E. H.: JONES MINISTRIES, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FILED SEUMETARY OF STAIR MISTOR OF CORPORATIONS

02 FEB -4 PM 2: 34

				41 S.W. 20TH STREET DLLYWOOD FL 33023			REINSTATEMENT 01-02	
If above addresses are incorrect in any way, line through incorrect information and enter correction below						06-02-01 90004 050 \$70-00		
New Principal Office Address, If Applicable New Maili							4. Date Incorporated or Qualified To Do Business in Florida 06/01/1999	
Suite, Apt. #, etc. Suite, Apt. #,				5 FEI Numi		5. FEI Number	Applied For	
City & State City & State				4		45-	1158903 Not Applicable	
Zip	Zip Country		Zip Counti		puntry	6. CERTIFICATE OF STATUS DESIRED S8.75 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	JONES, ERIC H			2951 N.W. 210TH TERRACE			MIAMI FL 33056	
٧	TAYLOR, A	NLFRED D		3509 NASSAU DRIVE			MIRAMAR FL 33023	
S THOMAS, FLORENCE T				4780 S.W 26TH ST.			HOLLYWOOD FL 33023	
T	JONES, BLONEVA			2951 N.W. 210TH TERRACE			MIAM! FL 33056	
					30004901083- -02/12/02010110 ****227.50 *****22		000049010835 -02/12/0201011001 ****227.50 ****227.50	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent		
JONES, ERIC H 5541 S.W. 20TH STREET					Name	Name		
					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33023				Suite, Apt. #, Etc.			. ,	
					City State 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 Date 1 25 03								
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								