

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 17 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Evangelical Ministry of  
Jesus Christ Inc.  
Ref # N99000003494

**2. Principal Office Address**

6866 Forest City Rd.  
Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME  
Suite, Apt. #, etc.

**City & State**

Orlando, FL.

**City & State**

Zip Country  
32810 USA

**REINSTATEMENT 02-03**

800014241288  
03/17/03--01063--001 \*\*306.25

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1999

**5. FEI Number**

59-3502972

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Rev. Gary Chambers

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

3616 Johnson St.

**Suite, Apt. #, Etc.**

**City**

Orlando

**State**

FL

**Zip Code**

32805

**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

Rev. Gary Chambers  
REGISTERED AGENT MUST SIGN

Date

3/6/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>Dr.</del>	Mary Jones	737 Willie Mays Pkwy	Orlando, FL, 32811
<del>Dr.</del>	Robert Spivey	2151st Ivy Ln	Orlando, FL, 32811
<del>Dr.</del>	Gary Chambers II	901 Indiana	Orlando, FL, 32805
<del>Dr.</del>	Sharon Chambers	3616 Johnson St.	Orlando, FL, 32805

**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 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:**

Mary Jones - Mary Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03  
Date

407-822-9292  
Daytime Phone #