

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # P02000036883

1. Corporation Name

Julissa Ministries, Inc

2. Principal Office Address - No P.O. Box #

3310 Julia Ct

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1102

Suite, Apt. #, etc.

City & State

Bethlehem, PA

City & State

Bethlehem, PA

Zip

18017

Country

USA

Zip

18016-1102

Country

USA

REINSTATEMENT 10-12

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/2002

5. FEI Number

010667005

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

Julissa Arce-Rivera

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

2651 SW 119 Terrace, Unit 1101

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

200203099182
04/20/11--01029--009 ***300.00

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

REGISTERED AGENT MUST SIGN

Date 4/25/11

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
PD	Julissa Arce-Rivera	3310 Julia Ct	Bethlehem, PA 18017
VD	Miguel Rivera	3310 Julia Ct	Bethlehem, PA 18017

4/26

10. E-mail Address: julissaministries@me.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/11

Date

954-665-4475

Daytime Phone #