

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000036883**

1. Corporation Name

JULISSA MINISTRIES, INC.

Principal Place of Business

PO BOX 827302
SOUTH FLORIDA FL 33082

Mailing Address

PO BOX 827302
SOUTH FLORIDA FL 33082

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



200024198912
10/28/03--01035--021 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2002

5. FEI Number

010667005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ARCE, JULISSA	PO BOX 827302	SOUTH FLORIDA FL 33082
VD	RIVERA, MIGUEL	PO BOX 827302	SOUTH FLORIDA FL 33082

8. Name and Address of Current Registered Agent

ARCE, JULISSA
16861 SW 1 MANOR
PEMBROKE PINES FL 33027

9. Name and Address of New Registered Agent

Name

Julissa Arce

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

504 NW 163 Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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. or 617.0505, F.S.

Signature of
Registered Agent

Julissa Arce
REGISTERED AGENT MUST SIGN

Date

10-21-03

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

SIGNATURE:

Julissa Arce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-03

Daytime Phone #

CR2E040 (7/03)

Julissa Ministries, Inc.


October 22, 2003

To whom it may concern:

A couple of weeks ago I received a letter in the mail stating that our company had been revoked. When I called to find out the reason, I was told it was because we never paid the reinstatement fee required by the state. I never received the reinstatement forms in the mail, therefore I wasn't aware of this.

Enclosed you will find a check for \$150.00 to Reinstate Julissa Ministries, Inc.

Sincerely


Julissa Arce
President