

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2013 JUL -2 PM 7:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 724047

1. Corporation Name

FISKE BLVD. CHURCH OF CHRIST, INC.

REINSTATEMENT

CR2E081 (11/10)

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

805 S.FISKE BLVD.

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

Zip

32955

Country

USA

3. Mailing Office Address

805 S.FISKE BLVD.

Suite, Apt. #, etc.

PO BOX 560052

City & State

ROCKLEDGE, FL

Zip

32956-0052

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/1972

5. FEI Number

59-2678978

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

EDDIE WILLIAMS, JR.

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

117 EXPLORER COURT

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32922

100249439291  
07/02/13--01014--003 \*\*297.50

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

*Eddie Williams Jr.*

Date 06/25/13

REGISTERED AGENT MUST SIGN

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
D	EDDIE WILLIAMS, JR.	117 EXPLORER COURT	COCOA, FL 32922
DT	EDWARD W. BOUEY	917 S.VARR AVE.	ROCKLEDGE, FL 32955
D	EDWARD E. MORRIS, SR.	1220 N. TROPICAL TRAIL	MERRITT ISLAND, FL 32953

10. E-mail Address: demickbouie@aol.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:

*Eddie Williams Jr.*

EDDIE WILLIAMS JR.

06/25/13

321-632-3460