PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 PM 1:57

DOCUMENT # **N11063**

1. Corporation Name

TRU-WAY CHURCH OF THE RISEN CHRIST, INCORPORATED

Principal Place of Business	Mailing Address
%ELWYN W. JENKINS 2319 MCCARTY DRIVE JACKSONVILLE FL 32210	%ELWYN W. JENKINS 2319 MCCARTY DRIVE JACKSONVILLE FL 32210

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

REINSTATEMENT 07

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **09/12/1985**

5. FEI Number: **59-2585074** ☐ 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	JENKINS, ELWYN W.	2319 MCCARTY DRIVE	JACKSONVILLE FL
VT	MOULTRIE, EUGENE	6030 MEADOW LANE	JACKSONVILLE FL
D	JENKINS, VIVIAN	2319 MCCARTY DR.	JACKSONVILLE FL
TD	SINCLAIR, LACY	9582 HIGHLAND AVE.	JACKSONVILLE FL
			000003463660 5 -11/15/00--01017--006 ****236.25 ****236.25
			000003463660 5 -11/15/00--01017--007 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JENKINS, ELWYN W. 2319 MCCARTY DRIVE JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 10/24/2000
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED — 10/24/2000 — (904) 783-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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