

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

29 NOV -2 PM 1:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N46751 (6)

1. Corporation Name  
**CITIZENS FOR POSITIVE AFFIRMATION, INC.**

Principal Place of Business Mailing Address  
**1650 ART MUSEUM DRIVE, SUITE #11  
 JACKSONVILLE, FLORIDA 32207**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/09/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3119580	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> S8 75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
P/C	REV. A. JOSPEH REDDICK	1943 COLLEGE CIRCLE NORTH	JACKSONVILLE, FL 32209
V/P/D	REV. S. S. ROBINSON	1717 SEMINARY STREET	JACKSONVILLE, FL 32209
S/D	ANNIE V. BROWN	3893 MONCREIF ROAD W.	JACKSONVILLE, FL 32208
T/D	HENRY SIMMONS	1168 W. 29th STREET	JACKSONVILLE, FL 32209
CH/D	REV. WILLIAM LIPROT, SR.	2330 W. 18th STREET	JACKSONVILLE, FL 32209

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>JOHN W. DEMPS, SR.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1650 ATR MUSEUM DRIVE</b>	
		Suite, Apt. #, Etc. <b>SUITE #11</b>	
		City <b>JACKSONVILLE</b>	State Zip Code <b>FL 32207</b>

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: *John W. Demps, Sr.* Date: **11-2-99**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Rev. A. Joseph Reddick* **Rev. A. Joseph Reddick** Date: **11-2-99** Daytime Phone #: **904-348-0910**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (12/98)