

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 26 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 709448

1. Corporation Name

MT. SALEM BAPTIST CHURCH
INCORPORATED OF JACKSONVILLE FLA

Principal Place of Business

Mailing Address

2335 MONCRIEF ROAD
JACKSONVILLE, FL 32209

W47-3841

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1965

5. FEI Number

05-0132408

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	BANKS CHARLES E	1836 WEST 23RD ST	JACKSONVILLE FL 32209
C/D	NELSON ANTHONY J	8037 REID AVE.	JACKSONVILLE FL 32208
S/D	CASH WINONA C	6508 CHAMPLAIN RD	JACKSONVILLE FL 32208
T/D	WALKER JOHNNY JR	3323 MARLAND RD.	JACKSONVILLE FL 32209
B/D	KING BARBARA	8337 SPRING LAKE R.N.	JACKSONVILLE FL 32206
900002099739--2 -02/27/97--01046--012 *****8.75 *****8.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BANK CHARLES E
1836 W. 23RD ST.
JACKSONVILLE FL 32209

Name

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

Suite, Apt. #, Etc.

City

900002099739--2

-02/27/97--01046--013

*****8.75 *****8.75

State Zip Code

FL

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

Rev. Charles E Banks

REGISTERED AGENT MUST SIGN

Date 2-11-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Anthony J. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

Date

(904) 356-4755

Daytime Phone #

CR2E040 (1/2/96)