

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 DEC 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



900025391889
12/10/03--01060--017 **245.00

DOCUMENT # 720715

1. Corporation Name

CHURCH OF GOD-MISSION, INC.

Principal Place of Business

4622 MONCRIEF RD.
JACKSONVILLE FL 32209

Mailing Address

P O BOX 12169
JACKSONVILLE FL 32209
US

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

04/14/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3400362

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	WATTS, JOSEPH B	4926 RHODE ISLAND DR. N	JACKSONVILLE FL 32209
DVT	HOWARD, RONALD	3810 SPRINGFIELD BLVD	JACKSONVILLE FL 32206
VT	TUTSON, WILLIE L	3103 W 45TH STREET	JACKSONVILLE FL 32209
DP	Tywanna W. Estell	1807 Key Biscayne Way	Jacksonville FL 32218
OS	Marian W. Johnson	867 Turtle Creek Dr N.	Jacksonville FL 32218

8. Name and Address of Current Registered Agent

ESTELL, REGINALD
505 N LIBERTY ST
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/8/03

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:

Tywanna W. Estell

12/8/03

904 509-1627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)