

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV 10 AM 9:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **729830**

1. Corporation Name
CORNERSTONE ASSEMBLY OF GOD OF JACKSONVILLE, INC.

Principal Place of Business 9767 IVEY ROAD JACKSONVILLE FL 32246 US	Mailing Address 9767 IVEY ROAD JACKSONVILLE FL 32246 US
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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 04/24/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1542893	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
STD	GREGORY, HAZEL	8645 5TH AVENUE	JACKSONVILLE FL
VD	DUNCAN, IRIS	10908 WINGATE RD.	JACKSONVILLE FL
VD	BROUGHTON, GEORGE KIM	11615 HARGETT RD.	JACKSONVILLE FL
PD	WARD, JAMES N.	1134 FROMAGE CIRCLE WEST	JACKSONVILLE FL

300002346693-0
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 REINSTATEMENT **99** 15.00 ***245.00

8. Name and Address of Current Registered Agent WARD, JAMES B. 1134 FROMAGE CIRCLE WEST JACKSONVILLE FL 32225		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	
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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: *James N. Ward* REGISTERED AGENT MUST SIGN Date: **11/7/97**

11. This corporation owes or has paid 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: *James N. Ward* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11/7/97** Daytime Phone #: **(904) 646-8636**

CPRE040 (8/97)