

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -3 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729830

1. Corporation Name

CORNERSTONE ASSEMBLY OF GOD OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

9767 IVEY ROAD
JACKSONVILLE FL 32246
US

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JACKSONVILLE FL 32246
US



REINSTATEMENT

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	GREGORY, HAZEL	8645 5TH AVENUE	JACKSONVILLE FL
VD	DUNCAN, IRIS	10906 WINGATE RD.	JACKSONVILLE FL
VD	BROUGHTON, GEORGE KIM	11615 HARGETT RD.	JACKSONVILLE FL
PD	WARD, JAMES N.	1134 FROMAGE CIRCLE WEST	JACKSONVILLE FL
			900008261579--1 -10/08/02--01001--014 ***358.75 ***358.75

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

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

James N. Ward
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/27/02

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:

James N. Ward
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James N. Ward - PRESIDENT

9/27/02
Date

904-646-5656
Daytime Phone #

CR2E040 (8/00)

B