

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740453

1. Corporation Name

First Christian Church of Orange Park
Inc.

2. Principal Office Address - No P.O. Box #

2876 Moody Rd.

Suite, Apt. #, etc.

City & State

Orange Park, Fl.

Zip

32073

Country

USA.

3. Mailing Office Address

2876 Moody Rd.

Suite, Apt. #, etc.

City & State

Orange Park, Fl.

Zip

32073

Country

USA.

7. Name and Address of Current Registered Agent

Name

Keith Burt

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

811 Oliver Ellsworth St.

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Keith L. Burt

Date 30NOV08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Vice Chairman	David McGuigan	8362 Firefly Lane	Jacksonville, Fl. 32244
Treasurer	Robert Klingbeil	851 Pinemeadow Cove	Jacksonville, Fl. 32221
Secretary	Eric Crooks	175 Knight Boyx Rd	Middleburg, Fl 32068
President	Keith L Burt	811 Oliver Ellsworth St	Orange Park, Fl 32073

REINSTATEMENT

05-08

10. 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 contained in Chapter 119, 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:

Keith L. Burt

KEITH L. BURT

30NOV08

904-317-7950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 DEC -3 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300138414543

12/03/08--01039--009 **420.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

591840674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.