

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1740453

1. Corporation Name
First Christian Church of Orange Park
Inc.

2. Principal Office Address - No P.O. Box #
2876 Moody Rd.

3. Mailing Office Address
2876 Moody Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, Fl.

City & State

Orange Park, Fl.

Zip

32073

Country

USA.

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

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.

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 [Signature]

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30NOV08 904-317-7950
Date Daytime Phone #

FILED
2008 DEC -3 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300138414543
12/03/08--01039--009 **420.00

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