

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUL 17 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 745198

1. Corporation Name

PRINCE OF PEACE, FAITH IN  
CHRIST INC.

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

5951 FLORADALE DR

Suite, Apt. #, etc.

3. Mailing Office Address

10520 PINE ESTATES RD E

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

Zip

Country

32209

UNITED STATES

Zip

Country

32218

UNITED STATES

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2951266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EVETTE L. HARRIS

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

10520 PINE ESTATES RD E.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

☒ 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

*Evette L. Harris*

REGISTERED AGENT MUST SIGN

Date 7/13/07

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
PD	EVETTE L. HARRIS	10520 PINE ESTATES RD E	JACKSONVILLE FL 32218
VPD	VALENCIA CHESTNUT	1418 MANDAK POINT DR	JACKSONVILLE FL 32210
T/S	EVELYN FLOWERS	11860 CHERRY BARK DR	JACKSONVILLE FL 32218

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REINSTATEMENT

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37118/07

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:

*Evette L. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVETTE L. HARRIS

7/13/07

Date

Daytime Phone #

904 379-9055