

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745390

1. Corporation Name

NEW RIVER NEW CONGREGATION METHODIST CHURCH, INC.

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

22187 NE CR 125

Suite, Apt. #, etc.

3. Mailing Office Address

11207 NE CR 793

Suite, Apt. #, etc.

City & State

Lawtey, FL

City & State

Raiford, FL

Zip

32058

Country

US

Zip

32083

Country

US

7. Name and Address of Current Registered Agent

Name

Alvin A. Griffis

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

11207 NE CR 793

Suite, Apt. #, Etc.

City

Raiford

State

FL

Zip Code

32083

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

Alvin A. Griffis

REGISTERED AGENT MUST SIGN

Date

10/16/07

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
D	Leon Shadd	14251 NW 107 Trail	Lake Butler, FL 32054
D	Stanley Norman	16739 NE 262 place	Lawtey, FL 32058
D	Donald Rosier	16999 NE 261st Ave	Lawtey, FL 32058
S	Geraldine Griffis	11207 NE CR 793	Raiford, FL 32083

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:

Geraldine Griffis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/07 (496) 3040

FILED

07 OCT 23 AM 9:51

STATE  
TALLAHASSEE, FLORIDA

900111189669  
10/23/07--01017--002 \*\*122.50

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1978

5. FEI Number

59-1915877

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.

#122.50