PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	7	4	6	6	0	9	

1. Corporation Name 💢

JAY FIRST ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

Mailing Address

103 WILLIAMS AVE.

103 WILLIAMS AVE. P.O. BOX 550

P.O. BOX 550

JAY FL 32565

JAY FL 32565



SECRETARY OF STATE OVISION OF CORPORATIONS

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If above as	Idraecos are incorrect in any way. I	ne through incorrect	information and enter correction held		Olugenemen			
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai			ling Office Address, If Applicable	4. Date incom	Date Incorporated or Qualified To Do Business in Florida 04/04/1979			
Suite, Apt. #		Suite, Apt. #	, etc.	5. FEI Numbe		Applied For		
City & State	v & State City & State		- 1-	5, 12, Name	EO-107GAEG			
Ony a cialo				6				
Zip	Country	Zip	Country			Additional Fee required a Certificate of Status		
7. Names a	and Street Addresses of Each Office	r and/or Director (FI	orida nonprofit corporations must lis	t at least 3 directors)				
Title(s)	Name of Office and/or Directo 2	Street Address of Each Officer and/or Director		City / State / Zip				
Р	PETTIS, LOUIE D.		205 MILDRED ST.		JAY FL			
TSD \	WEAVER, MAURY	606 GARRETT ST		BREWTON AL 36426				
VD	JOSEPH L WILLIAMS		8595 CHUMUCKLA HWY		PACE FL			
D WALTHER, LUKE			11361 HWY 87 N		MILTON FL 32570			
	-			QI	000034823 -12/01/000	3 906 1016002		
				111/28	****245.00	****245.00		
	8. Name and Address of Cu	rrent Registered Aç	9. Name and	9. Name and Address of New Registered Agent				
			. Name					
·- PETTI	S, LOUIE D	ے بارمیمانی	Street Add	ress (P.O. Box Numbe	ss (P.O. Box Number is Not Acceptable)			
205 MILDRED ST			Ou ou i i i	Sileet Address (F.O. Dox Inditides is Not Acceptable)				
JAY FL 32565			Suite, Apt.	Suite, Apt. #, Etc.				
	4		City	City State Zip Code				
10. 1, being	appointed the registered agent of	he above/hamed cor	poration, am familiar with and accep	t the obligations of Sec		· · · · · · · · · · · · · · · · · · ·		
Signature of Registered	Q. LEVEN	o Vit	WREQUIRE GENT MUST SIGN		Date)		
11. I certify	that I am an officer or director or the	receiver or trustee e	empowered to execute this application	on as provided for in chatisfies the requirement	napter 607 or 617, F.S. I further o	certify that when filing		

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.

Rev. Louie D. Pettis