

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 PM 8:59

DOCUMENT # 758222

1. Corporation Name

ALL SAINTS CHURCH PARISH, INC.

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

901 A N. New Warrington

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4538

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32507

Country

U.S.A.

Zip

32507

Country

U.S.A.

600202594086

04/19/11--01018--018 **358.75

4. Date Incorporated or Qualified
To Do Business in Florida

1979

5. FEI Number

59 2210182

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mrs Linda C. Krueger

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

2109 Langley Ave

Suite, Apt. #, Etc.

City

Pensacola,

State

FL

Zip Code

32504

REINSTATEMENT 04-11

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

Linda C. Krueger

Date April 14, 2011

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
P	Mr William C. White, Jr	612 South First Street #33	Pensacola, FL 32507
V	Mr. Paul Inacio	10050 Scenic Hwy	Pensacola, FL 32514
T	Mrs. Nancy White	612 South First Street #33	Pensacola, FL 32507
T	Mrs. Linda C. Krueger	2109 Langley Ave	Pensacola, FL 32504
D	Mr Reese Williams	1500 McKenzie Rd	Pensacola, FL 32533
D	Mr. James Lewis	5855 Saufley Pines Rd	Pensacola, FL 32526

10. E-mail Address: lindackrueger@hotmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Linda C. Krueger

04/19/11