

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003674

1. Corporation Name

NORTH JACKSONVILLE FAMILY WORSHIP CENTER, INC.

Principal Place of Business

11705 CHERRY BARK DR E  
JACKSONVILLE FL 32218

Mailing Address

P.O. BOX 26304  
JACKSONVILLE FL 32218

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10224 Lem Turner Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32218

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/2000

5. FEI Number

59-3650687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BING, LEON R	11705 CHERRY BARK DRIVE E	JACKSONVILLE FL 32218
D	BING, JANICE M	11705 CHERRY BARK DRIVE E	JACKSONVILLE FL 32218
D	BREWER, KENNETH	1509 DERRINGER ROAD	JACKSONVILLE FL 32225
D	BREWER, MARY JANE	1509 DERRINGER ROAD	JACKSONVILLE FL 32225
D	CATUS, SHAWANA D	2531 PETUNIA ST	JACKSONVILLE FL 32209
D	THOMAS, DORIS M	2531 PETUNIA STREET	JACKSONVILLE FL 32209

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
NO. 1114  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

Leon R. Bing

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

11705 Cherry Bark Dr. E.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-1-02

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., 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-02

Daytime Phone #

984-630-7644

*North Jacksonville Family Worship Center*

10224 Lem Turner Rd.  
Jacksonville, FL. 32218 \* 904-765-4040

October 22, 2002  
Division Of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL. 32314-6327

Dear Division Of Corporations:

On 10/22/02, I received a "Notice of Administrative Dissolution or Revocation", in the mail. On 8/7/02, I mailed Check # 1222, along with the application back to your office. On 8/13/02, Compass Bank shows where Check # 1222 cleared the account.

I was advised that there was a correction that needed to be made and your office sent the application back to me. I never received the application. And I do know the seriousness of this matter and would have met your requirements.

I was instructed by your office to write this letter and forward it to you with the completed Application For Reinstatement Form, and a copy of the front and back of Check # 1222.

**Please show the listed subjects as Directors for our organization:**

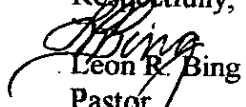
**Janice M. Bing 11705 Cherry Bark Dr. E. Jacksonville, FL. 32218**

**Shawana D. Catus 2531 Petunia St. Jacksonville, FL. 32209**

**Doris M. Thomas 2531 Petunia St. Jacksonville, FL. 32209**

I hope that this clears the situation involving our organization.

Respectfully,

  
Leon R. Bing  
Pastor  
LRB/rb

Leon R. Bing, Pastor \* 904-994-6130 . . . . .