

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 DEC -3 AM 10:21

DOCUMENT # N00000007024

1. Corporation Name

FIRST NEW ZION BAPTIST CHURCH, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800008813858  
12/03/02--01037--008 \*\*61.25



Principal Place of Business

8225 MONCRIEF DINSMORE RD.  
JACKSONVILLE FL 32219

Mailing Address

8225 MONCRIEF DINSMORE RD.  
JACKSONVILLE FL 32219

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2000

5. FEI Number

59-2903979

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GAGE, EPHEN	9449 EVENSAM RD.	JACKSONVILLE FL 32208
D	COOPER, CHARLES	4429 S. TRENTON DR.	JACKSONVILLE FL 32209
D	COOPER, WADDELL	4429 S. TRENTON DR.	JACKSONVILLE FL 32209
D	Leona J. Reed	2330 Dolphin Ave.	Jacksonville FL 32218
T	Annie Trice	7961 Moncrief Dinsmore Rd	Jacksonville FL 32219
D	Joseph Moore	4648 Abundant Ave N	Jacksonville FL 32209

8. Name and Address of Current Registered Agent

GAGE, EPHEN  
8225 MONCRIEF DINSMORE RD.  
JACKSONVILLE FL 32219

9. Name and Address of New Registered Agent

Name

Leona A. Reed 800008813858  
01101--017 \*\*175.00

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

2330 Dolphin Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Leona J. Reed

REGISTERED AGENT MUST SIGN

Date Nov 3, 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:

Leona J. Reed Annie Trice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 3, 02

Date

(904) 251-6673

Daytime Phone #

CR2E040 (8/02)