

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY -3 PM 1:17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001184

1. Corporation Name
Northview Assembly of God, Inc.

REINSTATEMENT 03-07
~~1007000011787~~
CR2E081 (1/07)

2. Principal Office Address - No. P.O. Box #
7579 Hwy 27 N.
Suite, Apt. #

3. Mailing Office Address
PO Box 616
Suite, Apt. #, etc.

City & State
Havana, Fla.

City & State
Havana, Florida

Zip Country
32333 USA

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32333 USA

4. Date incorporated or Qualified To Do Business in Florida 2001

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Cris Kelly
Street Address (P.O. Box Number is Not Acceptable)
1558 Schwall Road
Suite, Apt. #, Etc.
City Havana State FL Zip Code 32333

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.

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 Cris Kelly Date 2-18-07
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
Pres.	Ernest Raley	PO Box 76	Marianna, Fla 32447
Secretary	Fran Collins	1474 Pine Hill Road	Cairo, Ga 39828
Asst Sec	Vonnie Westberry	2876 Lower Hawthorn	Cairo, Ga 39828
Advisory Board	Buck Allen	6452 Havana Highway	Havana, Fla. 32333
	<u>75/11</u>		

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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: Fran Collins - Fran Collins Date 2-14-07 Daytime Phone # 850-893-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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