

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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N010000001184

1. Corporation Name

Northview Assembly of God, Inc.

REINSTATEMENT 03-07

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

32333

Country

USA

Zip

32333

Country

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
Sec/Treas	FRAN Collins	1474 Pine Hill Road	Cairo, Ga 39828
Asst Sec	Vonnice Westberry	2876 Lower Hawthorn Rd	Cairo, Ga 39828
Advisory Board	Buck Allen	6452 Havana Highway	Havana, Fla 32333
	<u>\$75/11</u>		200103222442 05/24/07--01059--012 **491.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

850-893-1116

Daytime Phone #

Ext 119