

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 2000002228

1. Corporation Name

Solid Foundation Christian Center, Inc.

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

5801 NW Burri Court

Suite, Apt. #, etc.

City & State

Port St. Lucie Florida

Zip

34986

Country

ST. Lucie

3. Mailing Office Address

P.O. Box 7999

Suite, Apt. #, etc.

City & State

Port St. Lucie Florida

Zip

34985

Country

ST. Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/02

5. FCI Number

01-0656832

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wright, Raymond

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

5801 N.W. Burri Court

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34986

☒ 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

Raymond Wright

REGISTERED AGENT MUST SIGN

Date

12/25/07

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
CEO	Wright, Raymond	5801 NW Burri Court	Port St. Lucie, FL
Pastor	Vanessa Wright	5801 N.W. Burri Court	Port Saint Lucie Fl. 34986
Secretary	Katherine Sims	5809 N.W. Gillespie Ave	Port Saint Lucie Fl. 34980
Treasury	Vanisha Robinson	5738 N.W. Jigsaw Ln.	Port Saint Lucie Fl. 34986

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND WRIGHT

Raymond Wright

Date

12/25/07

Daytime Phone #

772-370-0237

FILED

07 DEC 31 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07