

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003332

1. Corporation Name

Crusaders for Christ Evangelistic Center, Inc.

2. Principal Office Address

4234 Pappy Kennedy Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32811

Country

USA

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 03, 2002

5. FEI Number

37-1430693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shirley Walker

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

650 Canby Circle

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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

Shirley Walker

REGISTERED AGENT MUST SIGN

Date December 31, 2003

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.	Virgil W. Jones, Sr., Pastor	4234 Pappy Kennedy Street	Orlando, FL 32811
VP	Shirley Walker	4234 Pappy Kennedy Street	Orlando, FL 32811
Treas	Erie Jones	4234 Pappy Kennedy Street	Orlando, FL 32811
Sec.	Darlene Wilson	4234 Pappy Kennedy Street	Orlando, FL 32811
Dir.	Gerald Sapp	4234 Pappy Kennedy Street	Orlando, FL 32811
Dir.	Kevin Alexander	4234 Pappy Kennedy Street	Orlando, FL 32811

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 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: *Virgil Jones, Sr.*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

VIRGIL JONES, SR.

12/31/03 321-287-1735

Date

Daytime Phone #

CR2E081 (10/02)