

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000003421**

1. Corporation Name

**ONE LORD ONE FAITH CHRISTIAN ASSEMBLY, INC.**

Principal Place of Business

Mailing Address

5410 SOUTEL DRIVE  
JACKSONVILLE FL 32219

PO BOX 26526  
JACKSONVILLE FL 32226

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2002

5. FEI Number

01-0699940

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
P	MIDDLETON, KENNETH M SR	<del>10535 LEM TURNER RD #1124</del> 4853 Clyde Dr.	JACKSONVILLE FL <del>32218</del> 32208
V	MIDDLETON, LISA M	<del>10535 LEM TURNER RD #1124</del> 4853 Clyde Dr.	JACKSONVILLE FL <del>32218</del> 32208
T	MIDDLETON, KENITRA M	10535 LEM TURNER RD #1124 4853 Clyde Dr.	JACKSONVILLE FL <del>32218</del> 32208

600024889756

11/20/03--01063--016 \*\*236.25

8. Name and Address of Current Registered Agent

BROWN, VALERIE G  
3103 BRASQUE DR  
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name Valerie G Brown  
Street Address (P.O. Box Number is Not Acceptable)  
5843 John F. Kennedy Dr N  
Suite, Apt. #, Etc Jacksonville  
City \_\_\_\_\_ State FL Zip Code 32219

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

Valerie G Brown

Date

11/9/03

REGISTERED AGENT MUST SIGN

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:

Kenneth Middleton, Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-03

Daytime Phone #

904-764 5644

CR2E040 (7/03)