

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000005909

1. Corporation Name

Children Boen in Christ, Inc.

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

740 Van Buren Street
Suite, Apt. #, etc

3. Mailing Office Address

740 Van Buren Street
Suite, Apt. #, etc

City & State

Jacksonville Florida

Zip Country

32202 US

City & State

Jacksonville, Florida

Zip Country

32202 US

7. Name and Address of Current Registered Agent

Name

Johnny M. McCray Jr

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

1117 W. 20th Street

Suite, Apt. #, Etc

City

Jacksonville

State

FL

Zip Code

32208

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

Johnny M. McCray Jr
REGISTERED AGENT MUST SIGN

Date

2/9/15

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
P	McCray Jr., Johnny	1117 W 20th Street	Jax FL 32208
VP	Hardy-McCray, Monica	10332 Marsh Hawk Dr	Jax FL 32218
Sec	Carey, Sheila	7580 Somerton Drive	Jax FL 32210
TRES	Scott, Keith	306 E. 7th Street	Jax FL 32206
D	Jacobs, Freddie	11549 Wandering Pine Trail W	Jax, FL 32258 FEB 16 2015

10. E-mail Address: jmmccray777@gmail.com

R. HUNT

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/15

Daytime Phone #

FILED
15 FEB 16 PM 11:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

7/7/2003

5. FEI Number

86-1074408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

800269558258
02/16/15--01005--018 **358.75