

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N03000010995*

1. Corporation Name

*Saint City Church of God of the Apostolic
Faith of Ocala, Inc.*

W09-14462

2. Principal Office Address - No P.O. Box #
1926 West Silver Springs Blvd.

3. Mailing Office Address
6048 NW 61st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34475

Country

USA

Zip

34482

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida **12/15/2003**

5. FEI Number
90-0452283

☐ 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

Genise Young

Street Address (P.O. Box Number is Not Acceptable)
6048 NW 61st Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
D	EARL YOUNG	6048 NW 61st Street	Ocala, Florida 34482
D	GENISE YOUNG	6048 NW 61st Street	Ocala, Florida 34482
D	MARY WASHINGTON	2004 West Silver Springs Blvd.	Ocala, Florida 34475
D	JAMES JENKINS	7375 N Augusta Drive	Miami, Florida 33015
D	HELEN JENKINS	7375 N Augusta Drive	Miami, Florida 33015

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

Date

Daytime Phone #

4-2-09 352 875-5326

REINSTATEMENT 04-09

800147140368
03/24/09--01024--013 **51.50
800147140368
03/24/09--01024--014 **500.00
CR2E081 (12/08)

04/9