

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 DEC 28 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000969

1. Corporation Name

Right Direction Christian Center,  
Inc.

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

2737 Milledgeville Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2737 Milledgeville Rd

Suite, Apt. #, etc.

City & State

Augusta GA

Zip

30904

Country

City & State

Augusta GA

Zip

30904

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/2004

5. FEI Number

03-0532132

☐ 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

General Bryant, Jr.

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

8539 Road to the Lake

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

200215579452  
12/28/11--01002--017 \*\*306.25

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

General Bryant, Jr.

REGISTERED AGENT MUST SIGN

Date 01/02/2012

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	General Bryant, Jr.	2737 Milledgeville Rd	Augusta GA 30904
P	Valerie Wilkins	2737 Milledgeville Rd Augusta GA 30904	Augusta GA 30904
T	Samuel M. Wilkins	2737 Milledgeville Rd	Augusta GA 30904
T	Cynthia Wilkins	2737 Milledgeville Rd	Augusta GA 30904
T	Sharon Dyers	527 Richmond Hill Rd	Augusta GA 30904

10. E-mail Address: bryantg41@yahoo.com

(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:

General Bryant, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #