

PLEASE READ ALL INSTRUCTIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000003082

1. Corporation Name

The Perfecting Saints Church

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

3113 Tall Pine Lane

Suite, Apt. #, etc.

4

City & State

Jacksonville, FL

Zip

32277

Country

United States

3. Mailing Office Address

P O Box 51333

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32240

Country

United States

7. Name and Address of Current Registered Agent

Name

Elder Curtis C. Johnson

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

3113 Tall Pine Lane

Suite, Apt. #, Etc.

4

City

Jacksonville

State

FL

Zip Code

32277

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

Curtis C. Johnson

REGISTERED AGENT MUST SIGN

Date 08/06/09

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	Curtis C. Johnson	3113 Tall Pine Lane #4	Jacksonville / FL / 32277
T	Dwayne Brown	653 Monument Rd. #402	Jacksonville / FL / 32225
S	Katina Brown	5959 Ft. Caroline Rd. #3604	Jacksonville / FL / 32277

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:

Curtis C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/09

Date

904-534-4062

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 24 AM 9:26

400159885914
08/24/09--01056--001 **300.00

~~08/24/09 01056--001 **300.00~~ KS
REINSTATEMENT 07-09

400159885914
08/24/09--01056--001 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/22/2004

5. FEI Number
270032775

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

400159885914
08/24/09--01056--002 **58.75