

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 AM 9:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100172332621
03/16/10--01035--005 ***306.25

REINSTATEMENT 08-10

DOCUMENT # N04000006510

1. Corporation Name

Compass Ministry, Inc.

2. Principal Office Address - No P.O. Box #
1357 West Beaver Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip
32203

Country
USA

3. Mailing Office Address
PO Box 40606

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip
32203-0606

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/17/1997

5. FEI Number
59-3482593

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

David H. Peek

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

50 North Laura Street

Suite, Apt. #, Etc.

Suite 2600

City

Jacksonville

State

FL

Zip Code

32202

☐ 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.

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04/06/10--01033--004 ***52.50

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 3-15-2010

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	Todd McMichael Chupp	1357 West Beaver Street	Jacksonville, FL 32203
D	Richard Charles Martin, Jr.	878 Waterman Road, N	Jacksonville, FL 32207
D	Kevin Michael Finn	3759 Rustic Lane	Jacksonville, FL 32217
D	Robert Stephen Surratt	7006 Wensley Way	Jacksonville, FL 32217
D	Gregory Ziadeh Farah	9379 Jaybird Circle, E	Jacksonville, FL 32257

10. E-mail Address: todd@rccjax.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. MILLIGAN
EXAMINER

Date

Daytime Phone #

MAR 31 2010