PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 21 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04007**

1. Corporation Name

PAUL RUSSELL ROAD CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
816 PAUL RUSSELL RD. TALLAHASSEE FL 32301	816 PAUL RUSSELL RD. TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/03/1984

5. FEI Number: 59-3214988 ☐ Applied For ☐ Not Applicable

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

400002722394--6
-12/24/98--01084--024
****245.00 ****245.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
CD	WILLIAMS, RAYMOND JR.	3014 KEVIN STREET	TALLAHASSEE FL 32310
VCD	BROWN, ALBERT JR.	1404 BALBOA DRIVE	TALLAHASSEE FL 32310
SD	MILLER, DAMON SR.	2202 WOODBINE DRIVE	TALLAHASSE FL 32308
TD	DANIELS, JAMES E	408 DUPONT AVENUE	QUINCY FL 32351
D	CONOLY, JAMES L	6008 BUCKLAKE ROAD	TALLAHASSEE FL 32311
	REINSTATEMENT 98	12-21-98	

8. Name and Address of Current Registered Agent

WILLIAMS, RAYMOND T
1020 BOB WHITE DRIVE
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name: JAMES L. DANIELS
Street Address (P.O. Box Number is Not Acceptable): 816 PAUL RUSSELL ROAD
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 12-21-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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 REQUIRED 12-21-98 488-1783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (9/98)

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