

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N05000003536

1. Corporation Name

BLESSED HOPE MISSIONARY BAPTIST CHURCH
OF JACKSONVILLE, FL. INC

2009 APR -8 P 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200149436802
04/10/09--01020--009 **245.00

CR2E081 (12/08)

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

10338 Sugar Grove Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 101551
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

JACKSONVILLE, FL

Zip

32221

Country

Zip

32234
~~32234~~

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-6-2005

5. FEI Number EIN

30-0308177

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

PASTOR RONNIE EDWARDS, Sr.

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

10338 SUGAR GROVE ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32221

☒ 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**

R Edwards

Date 4-5-09

REGISTERED AGENT MUST SIGN

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
Pastor	Ronnie Edwards	10338 SUGAR GROVE RD	Jacksonville, FL 32221
Cleric	Nicole Edwards	10338 SUGAR GROVE RD	Jax FL. 32221

REINSTATEMENT

06-0908

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

4-5-09

(904) 477-5935

Date

Daytime Phone #