

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 FEB 25 AM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**500118816905
02/26/08--01010--004 **358.75**

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # NO5000004349

1. Corporation Name

The Carpenter's Shop Ministry Center, Inc.

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

1601 University Blvd. N.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32211

Country

Duxal

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Cheryl D. Wilder

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

4183 Old Mill Cove Tr. W.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

☐ 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.

**DC
06-08 Reinst. 02-26-08**

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

Cheryl D. Wilder

REGISTERED AGENT MUST SIGN

Date

2/20/08

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
Pres	Cheryl D. Wilder	4183 Old Mill Cove Tr. W.	Jacksonville, FL 32277
V-Pres	Erica Manses	4075 Greenwillow Ln. W.	Jacksonville, FL 32277
Sec/Tre.	Clint D. Wilder	4183 Old Mill Cove Tr. W.	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:

Cheryl D. Wilder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

Date

904-276-2056

Daytime Phone #