

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000005386

1. Corporation Name

FIRST BAPTIST CHURCH NORTH JACKSONVILLE, INC

2. Principal Office Address - No P.O. Box #
6050 Moncrief Rd.

3. Mailing Office Address
6050 Moncrief Rd.

Suite, Apt. #, etc.
7

Suite, Apt. #, etc.
7

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32209

Country
USA

Zip
32209

Country
USA

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

May 24, 2005

5. FEL Number
20-2994778

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 Jackson

Street Address (P.O. Box Number is Not Acceptable)
3308 Moncrief Rd. West

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32209

☒ 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

Date September 17, 2007

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
JSec/Treas	Mary Kinsler	3602 Ardisia Rd.	Jacksonville, Florida 32209
Pres	Pastor David Jackson	3308 Moncrief Rd. West	Jacksonville, Florida 32209

REINSTATEMENT 09-07
RH

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

September 17, 2007 904 766 5670

Date

Daytime Phone #

FILED
09/19/07 PM 1:19:40 002
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)