

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 19 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N05000007646*

1. Corporation Name

THE CHRISTIAN CLERGY ASSOCIATION, INC.

600118327186
02/19/08--01032--017 **236.25

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

125 S.W. 8th Street

Suite, Apt. #, etc.

3. Mailing Office Address

125 S.W. 8th Street

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

USA

City & State

Delray Beach, FL

Zip

33444

Country

USA

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

342046181

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

Joyce Prime

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

2511 BLACK OLIVE BLVD.

Suite, Apt. #, Etc.

Apt. D

City

Delray Beach

State

FL

Zip Code

33445

☒ 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.

600118327186
02/19/08--01032--018 **51.25

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

Joyce Prime

REGISTERED AGENT MUST SIGN

Date

2/12/08

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
<i>P.</i>	<i>REV. Matthew Mitchell, Jr.</i>	<i>324 NW 11th Ave</i>	<i>Delray Beach, FL 33444</i>
<i>VP.</i>	<i>REV. Lenard C. Johnson</i>	<i>40 NW 4th Avenue</i>	<i>Delray Beach, FL 33444</i>
<i>T.</i>	<i>REV. John Jackson</i>	<i>309 NW 7th Avenue</i>	<i>Delray Beach, FL 33444</i>
<i>OD</i>	<i>REV. Lorenzo Wilder</i>	<i>40 NW 4th Avenue</i>	<i>Delray Beach, FL 33444</i>
<i>OD</i>	<i>Rev. Wayne Jenkins</i>	<i>125 SW 8th Street</i>	<i>Delray Beach, FL 33444</i>
<i>OD</i>	<i>Min. Linda Moore</i>	<i>94 S.W. 5th Avenue</i>	<i>Delray Beach, FL 33444</i>

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:

Matthew Mitchell

MATTHEW MITCHELL

2/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20