

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 30 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000324

1. Corporation Name

For Ya Soul Gospel Theater & Training Center

REINSTATEMENT 08-09

800161182518
09/30/09--01035--009
CR2E081 (12/06) **306.25

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

8800 Arlington Expressway

3. Mailing Office Address

8800 Arlington Expressway

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

U.S.A.

Zip

32211

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/2007

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

Thandeka P. Johnson

Street Address (P.O. Box Number is Not Acceptable)
12617 Muirfield Blvd. South

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32211

☒ 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

REGISTERED AGENT MUST SIGN

Date 9/28/09

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
D	Thandeka Johnson-Executive Director	12617 Muirfield blvd S.	Jax, FL 32225
D	Bernice Johnson-Assitant Director	8261 Lake Effie Lane east	Jax, FL 32277
D	Mitziann White-Managing Director	939 Glencarin str.	Jax, FL 32208
D	Yolanda Avant- Sample-PR Director	134 Harvest Rd.	Swedesboro, NJ 08085

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

9/28/09

Date

(904)240-6958

Daytime Phone #