

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 OCT 15 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N100000006101

1. Corporation Name

NORTHSIDE CHURCH OF CHRIST OF LAKE CITY, INC.

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

378 NW GIBSON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

378 NW GIBSON LANE

Suite, Apt. #, etc.

City & State

LAKE CITY

City & State

LAKE CITY

Zip

FL

Country

COLUMBIA

Zip

32055

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/2010

5. FET Number

8015403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID S. WATSON

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

10613 SW SR 47

Suite, Apt. #, Etc.

City

FORT WHITE

State

FL

Zip Code

32038

500265452495
10/15/14--01011--007 **\$06.25

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

David S. Watson

REGISTERED AGENT MUST SIGN

Date 10-9-14

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
C	CLEVELAND HARRINGTON	198 NE ALPHA TERRACE	LAKE CITY, FL 32055
VC	CHARLES JENKINS	911 NW FOWLER AVENUE	LAKE CITY, FL 32055
T	LEROY JONES	826 NW WILSON STREET	LAKE CITY, FL 32055
S	EDWARD GARDNER, SR.	3817 NW HUNTSBORO, APT. 102	LAKE CITY, FL 32055
REINSTATEMENT			W1463384
			2013-2014

10. E-mail Address: secretary.nscoc@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Charles H. Jones 10-9-14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #