PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 JUL 30 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/30/18--01024--019 **411.25

CR2E081 (11/10)

DOCUMENT # N11000006934

1. Corporation Name

City Church, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4551 SE Geraldine St.		4551 SE Geraldine St.	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Stuart, Florida		Stuart, Florida	
Zip	Country	Zip	Country
34997	USA	34997	USA

4. Date Incorporated or Qualified To Do Business in Florida
7/21/2011

5. FEI Number
90-0747438
☐ 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
Sylvia Taylor

Street Address (P.O. Box Number is Not Acceptable)
5673 SE 47th Avenue

Suite, Apt #, Etc

City	State	Zip Code
Stuart	FL	34997

REINSTATEMENT 10

2016-2018
AUG 02 2018
J. ALBRITTON

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 Sylvia C. Taylor
REGISTERED AGENT MUST SIGN

Date 7/25/2018

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
P	Ricardo D. Weaver, Sr	4551 SE Geraldine St	Stuart, FL 34997
VP	Krystal E. Weaver	4551 SE Geraldine St	Stuart, FL 34997
D/S	Sylvia C. Taylor	5673 SE 47th Ave.	Stuart, FL 34997
D/T	Tammy Favors	4551 SE Geraldine St.	Stuart, FL 34997
D	Daniel Rich	4551 SE Geraldine St.	Stuart, FL 34997
D	Daphne Duret	4503 Murray Cove Circle	Stuart, FL 34997

10. **E-mail Address:** sylviamissinc@yahoo.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: Ricardo D. Weaver, Sr, Ricardo D Weaver, Sr 7/25/2018 772-353-6542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #