

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 21 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *First Assembly of God,
Inc. of Yulee, Florida*

1. Corporation Name

N14224

W08000018868

400128783734
05/07/08--01043--024 **358.75

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

850472 U.S. Hwy 17 South

3. Mailing Office Address

P.O. Box 579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee, Florida

City & State

Yulee, Florida

Zip

32097

Country

U.S.A.

Zip

32041

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1989 or 86

5. FEI Number

59-2464429

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

John Earle White

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

12328 Old Plank Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

☐ 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

John E. White / Pastor; Minister
REGISTERED AGENT MUST SIGN

Date *April 19, 2008*

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
Mr	Charles Terry	77182 Parker Rd	Yulee, FL 32097
Mr	Jim Mickel	85072 Joann Rd	Yulee, FL 32097
Mr	Greg Supianowski	76519 Long Leaf Loop	Yulee, FL 32097
Mr	John White	12328 Old Plank Rd	Jacksonville, FL 32220

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

Date

April 19, 2008

Daytime Phone #