

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



~~APPLICATION
FOR
REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

10/13

DOCUMENT # **N15121**

1. Corporation Name

CHAIRES COMMUNITY APOSTOLIC HOLINESS CHURCH, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 13 PM 1:54



5/27/02 90368 020 6175

Principal Place of Business Mailing Address
5755 CHAIRES CROSSROAD 5755 CHAIRES CROSSROAD
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	5/27/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	APPLIED FOR
City & State	City & State		Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BROWN, JOSEPH	2616 MISSION RD. #86	TALLAHASSEE FL 32304
D	HAMMOCK, CASSIE B	8137 BUCKLAKE RD.	TALLAHASSEE FL 32311
D	MURRAY, LARRY	P.O. BOX 10394-32302	TALLAHASSEE FL 32302
D	BROWN, PATRICIA	2616 MISSION RD. #86	TALLAHASSEE FL 32304
D	WILLIAMS, ANN	5755 CHAIRES CROSSROAD	TALLAHASSEE FL 32301
D	FREEMAN, DAVIS JR	392 ROCK RD	CRAWFORDVILLE FL 32327

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DAVIS, FREEMAN JR. 392 ROCK ROAD CRAWFORDVILLE FL 32327	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

CR25040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Freeman, Davis Jr.
REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/28/02**

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., 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 under section 119.07(3)(i), 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: *Freeman, Davis Jr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02
Date Daytime Phone #

2013

Florida Department of State
Jim Smith
Secretary of State
Division of Corporation

Chaires Community Apostolic Holiness Church, Inc.
54755 Chaires Crossroads
Tallahassee, Florida 32317

RE: Waiver of fees for reinstatement

November 8, 2002

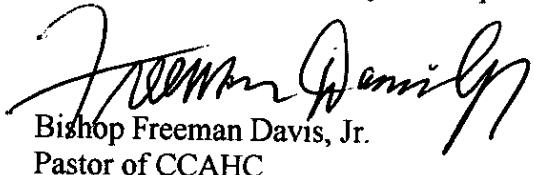
To all concerned parties,

As of June 3, 2002 Bishop Freeman Davis, Jr. pastor of Chaires Community Apostolic Holiness Church (CCAHC) has attempted to rectify the status of the church cooperation. He along with the church coordinator Minister Cassie Hammock on several occasions have called and physically address staff of the Division of Corporations trying to get the information needed to complete whatever forms to put the church in compliance. We received very little cooperation from staff we spoke to.

We just completed all stipulations last year in order to get our church back in compliance and sent our check on time to make sure we did not fall out of compliance this year. From the time we realized our check was received and cashed but we were still needing complete something else we have not been given the information or the how to in order to complete the process

Now that we have the information to complete the process we are asking for a waiver of all fees attached to reinstatement and a grace period to follow through with reinstatement process.

Thank you very much for your cooperation in this matter.


Bishop Freeman Davis, Jr.
Pastor of CCAHC

Attachment: Copy of our application for the FIN #

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

3015
EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <i>Chaires Community Apostolic Holiness Church</i>																			
	2 Trade name of business (if different from name on line 1) <i>5755 Chaires Crossroads</i>																			
	3 Executor, trustee, "care of" name <i>Freeman Davis, Jr</i>																			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <i>5755 Chaires Cross Roads</i>																			
	4b City, state, and ZIP code <i>Tallahassee, Florida 32317</i>																			
	5a Street address (if different) (Do not enter a P.O. box.) <i>392 Rock Road</i>																			
	5b City, state, and ZIP code <i>Crawfordville, Florida</i>																			
	6 County and state where principal business is located <i>Leon</i>																			
	7a Name of principal officer, general partner, grantor, owner, or trustor <i>Freeman Davis, Jr</i>																			
	7b SSN, ITIN, or EIN																			
8a Type of entity (check only one box) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) ►</td> <td><input type="checkbox"/> Estate (SSN of decedent) ►</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN) ►</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ►</td> <td><input type="checkbox"/> Trust (SSN of grantor) ►</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input checked="" type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ►</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ►</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td></td> <td><input type="checkbox"/> REMIC</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> </table>			<input type="checkbox"/> Sole proprietor (SSN) ►	<input type="checkbox"/> Estate (SSN of decedent) ►	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) ►	<input type="checkbox"/> Corporation (enter form number to be filed) ►	<input type="checkbox"/> Trust (SSN of grantor) ►	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard	<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government	<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Federal government/military		<input type="checkbox"/> REMIC		<input type="checkbox"/> Indian tribal governments/enterprises
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <i>Florida</i>																		
		Foreign country																		
9 Reason for applying (check only one box) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Started new business (specify type) ►</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ►</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ►</td> </tr> <tr> <td><input checked="" type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ►</td> <td><input type="checkbox"/> Created a trust (specify type) ►</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ►</td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►	<input checked="" type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Created a trust (specify type) ►		<input type="checkbox"/> Created a pension plan (specify type) ►								
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10 Date business started or acquired (month, day, year) <i>April 1986</i>		11 Closing month of accounting year <i>December</i>																		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►																				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ►																				
Agricultural <input checked="" type="checkbox"/> Household <input checked="" type="checkbox"/> Other <input type="checkbox"/>																				
14 Check one box that best describes the principal activity of your business. <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Other (specify) <i>Church organization</i></td> <td><input type="checkbox"/> Retail</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other				<input checked="" type="checkbox"/> Other (specify) <i>Church organization</i>	<input type="checkbox"/> Retail			
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <i>Church Services</i>																				
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.																				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► <i>Chaires Community Apostolic Holiness Church</i> — Same																				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) <i>1986</i> City and state where filed <i>Tallahassee, Florida</i> Previous EIN . . .																				
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																				
Third Party Designee	Designee's name <i>Cassie Hammock</i>	Designee's telephone number (include area code) <i>(850) 942-1563</i>																		
	Address and ZIP code <i>8137 Bucknico Rd</i>	Designee's fax number (include area code) <i>(850) 222-9812</i>																		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																				
Name and title (type or print clearly) ► <i>Cassie Hammock</i>		Applicant's telephone number (include area code) <i>(850) 656-4659</i>																		
Signature ► <i>Cassie Hammock</i>		Applicant's fax number (include area code) <i>(850) 656-4659</i>																		