

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 13 PM 1:54

DOCUMENT # **N15121**

1. Corporation Name

CHAIRES COMMUNITY APOSTOLIC HOLINESS CHURCH, INC

Principal Place of Business

5755 CHAIRES CROSSROAD
TALLAHASSEE FL 32301

Mailing Address

5755 CHAIRES CROSSROAD
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

05/27/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

DAVIS, FREEMAN JR.
392 ROCK ROAD
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (9/02)

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

SIGNATURE 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

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

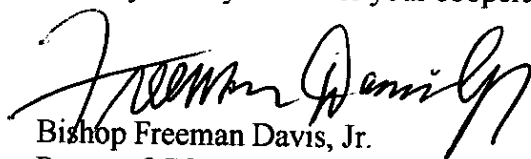
To all concerned parties,

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 wavier 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 #

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**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.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Chaires Community Apostolic Holiness Church

2 Trade name of business (if different from name on line 1)
5755 Chaires Crossroads

3 Executor, trustee, "care of" name
Freeman Davis, Jr

4a Mailing address (room, apt., suite no. and street, or P.O. box)
5755 Chaires Crossroads

5a Street address (if different) (Do not enter a P.O. box.)
392 Rock Road

4b City, state, and ZIP code
Tallahassee, Florida 32317

5b City, state, and ZIP code
Crawfordville, Florida

6 County and state where principal business is located
Leon

7a Name of principal officer, general partner, grantor, owner, or trustee
Freeman Davis, Jr

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<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 type="checkbox"/> State/local government
<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (check only one box)

<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) ▶

10 Date business started or acquired (month, day, year)
April 1986

11 Closing month of accounting year
December

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 type="radio"/>	Household <input type="radio"/>	Other <input type="radio"/>
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14 Check one box that best describes the principal activity of your business.

<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) Church organization	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Church Services

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ 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 ▶ **Chaires Community Apostolic Holiness Church** — 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) 1986	City and state where filed Tallahassee, Florida	Previous EIN
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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 Cassie Hammock	Designee's telephone number (include area code) (850) 942-1563
	Address and ZIP code 8137 Bucklakes Rd	Designee's fax number (include area code) (850) 222-9812

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) ▶ Cassie Hammock	Applicant's telephone number (include area code) (850) 656-4659
Signature ▶ Cassie Hammock Date ▶	Applicant's fax number (include area code) (850) 656-4659