

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N15121**

1. Corporation Name

**CHAIRES COMMUNITY APOSTOLIC HOLINESS CHURCH, INC**

Principal Place of Business

Mailing Address

**5755 CHAIRES CROSSROAD  
TALLAHASSEE FL 32301**

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/27/1986**

5. FEI Number **06-1677223**

Applied For

**06-1677223 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
<del>D</del>	<del>MURRAY, LARRY</del>	<del>P.O. BOX 10394-32302</del>	<del>TALLAHASSEE FL 32302</del>
D	BROWN, PATRICIA	2616 MISSION RD. #86	TALLAHASSEE FL 32304
<del>D</del>	<del>WILLIAMS, ANN</del>	<del>5755 CHAIRES CROSSROAD</del>	<del>TALLAHASSEE FL 32301</del>
D	DAVIS, FREEMAN 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

**FL**

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.*

REGISTERED AGENT MUST SIGN

Date

**Dec 15, 2003**

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.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FREEMAN DAVIS JR**

Date

Daytime Phone #

**Dec 15, 2003**

**FILED**

**03 DEC 23 AM 10:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 03**

CR2E040 (7/03)