

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 27 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 16083

1. Corporation Name

ST. JOHN'S EVANGELICAL LUTHERAN CHURCH
JACKSONVILLE INC.

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

1950 SILVER ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida

Zip

32206

Country

USA
DUAL CTY

3. Mailing Office Address

1950 SILVER ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida

Zip

32206

Country

USA
DUAL CTY

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-065-1102

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

William C. Hamilton Jr.

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

1950 Silver St.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32206

400208210924
05/27/11--01029--001 **401.75

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

William C. Hamilton Jr.

REGISTERED AGENT MUST SIGN

Date MAY 25, 2011

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
<u>D</u>	<u>VICTORIA L. HAMILTON</u>	<u>134 W. 7TH ST.</u>	<u>JACKSONVILLE, FL 32206</u>
<u>D</u>	<u>NORMA SMITH</u>	<u>5826 MONTE DE W.</u>	<u>JACKSONVILLE, FL 32244</u>
<u>D</u>	<u>William C. Hamilton</u>	<u>134 W. 7TH ST.</u>	<u>JACKSONVILLE, FL 32206</u>

REINSTATEMENT 09-11, B

6/2/11

10. E-mail Address: SPRINT11@bellsouth.net

(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: William C. Hamilton Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 25, 2011

Date

904-891-1867

Daytime Phone #