

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 JAN 15 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N22740**

1. Corporation Name
THE WESTSIDE CHRISTIAN FAMILY CHAPEL, INC.

Principal Place of Business Mailing Address
% 2065 HERSCHEL ST JACKSONVILLE FL 32204



100002406431--2
 -01/21/98--01044--007

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 To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/29/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2857371	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COLEMAN, PATRICK D.	4834 ALGONQUIN AVE	JACKSONVILLE FL
D	CRENSHAW, MCCARTHY JR	3855 ST JOHNS AVE	JACKSONVILLE FL
D	MITCHELL, KENNETH R.	5207 ORTEGA GLEN DRIVE	JACKSONVILLE FL
D	LEWIS, DICK	4900 ARAPAHOE AVE	JACKSONVILLE FL

REINSTATEMENT 1997

8. Name and Address of Current Registered Agent

COLEMAN, PATRICK D.
 2065 HERSCHEL STREET
 JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

Name *A. Alan*
 Street Address (P.O. Box Number is Not Acceptable) *Jan. 15, 1998*
 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.

Signature of Registered Agent *Patrick D. Coleman* Date *1-6-98*
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: *Patrick D. Coleman* **PATRICK D. COLEMAN** 1-6-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)