

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N24383

1. Corporation Name

GLORIOUS CHURCH OF THE LORD JESUS CHRIST
OF THE APOSTOLIC FAITH

Principal Place of Business

213 E. 6th. STREET
JACKSONVILLE, FL. 32206

Mailing Address

P. O. BOX 2819
JACKSONVILLE, FL.
32203

REINSTATEMENT

1994 -
1996

FILED
96 DEC 20 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 15, 1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593015914

Applied For

Not Applicable

City & State

City & State

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	BOWSER, APOSTLE J.H. SR.	1625 N. MARKET STREET	JACKSONVILLE, FL. 32206
D	HILL, ELDER R.W.	950 12th. STREET	NEWPORT NEWS, VA. 23607
D	BOWSER, FRANCES M.	617 49th. STREET	NEWPORT NEWS, VA. 23607
D	Terrellio James H.	1625 N. Market St	Jacksonville, FL. 32206
			300002038323--5 -12/26/96--01026--001 ****385.00 ****385.00

8. Name and Address of Current Registered Agent

COBB, ELDER THADDEUS
5539 EARTHA DRIVE
JACKSONVILLE, FL. 32209

9. Name and Address of New Registered Agent

Name
BOWSER, APOSTLE J.H. SR.
Street Address (P.O. Box Number is Not Acceptable)
1625 N. MARKET STREET
Suite, Apt. #, Etc.
City
JACKSONVILLE,
State
FL
Zip Code
32206

MWS

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

Apostle J.H. Bowser Sr.
REGISTERED AGENT MUST SIGN

Date DECEMBER 18, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Apostle J.H. Bowser Sr.

DECEMBER 18, 1996

(904) 353-8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)