

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 JAN 17 AM 9:42

DOCUMENT # **N24383**

1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**GLORIOUS CHURCH OF THE LORD JESUS CHRIST OF THE
APOSTOLIC FAITH, INC.**

Principal Place of Business

Mailing Address

213 E. 6TH ST
JACKSONVILLE FL 32206
US

P O BOX 2819
JACKSONVILLE FL 32203



REINSTATEMENT

98-02

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

01/15/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3015914

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

000004794860--9

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	Date of Birth 4
P	BOWSER, APOSTLE J.H. SR	1625 N. MARKET ST	JACKSONVILLE FL 32206
D	HILL, ELDER R.W.	950 12TH ST	NEWPORT NEWS VA 23607
D	BOWSER, FRANCES M	617 49TH ST	NEWPORT NEWS VA 23607
D	TERRELLIO, JAMES H	1625 N. MARKET ST	JACKSONVILLE FL 32206
	Michael A. Girard	1548 Liberty St.	Jacksonville, FL 32206

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWSER, APOSTLE J.H. SR
1625 N. MARKET ST
JACKSONVILLE FL 32206

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *Jan. 17, 2002*

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

Jan. 17, 2002

Date

Daytime Phone #

CR2E040 (9/98)