

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29242**

1. Corporation Name
**AMAZING GRACE FULL GOSPEL CHURCH
INC.**

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

1451 EAST PORT RD
Suite, Apt. #, etc.

3. Mailing Office Address

11130 HAWTHORN ST
Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32218

Country

DUVAL

Zip

32218

Country

DUVAL

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2923602

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

MARIE NETTLES

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

11130 HAWTHORN ST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

500275394725
07/24/15--01027--012 **358.75

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

Marie Nettles

Date

REGISTERED AGENT MUST SIGN

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
P PASTOR	MARIE NETTLES	11130 HAWTHORN ST	JAX FL 32218
T	BARBARA YAKOVITZ	11146 HAWTHORN ST	JAX FL 32218
S	MARTHA ROGERS	HALL BLVD	JAX FL 32218
D	DAVID E NETTLES	11130 HAWTHORN ST	JAX FL 32218

10. E-mail Address:

(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:

Marie Nettles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-987-0529
Daytime Phone #