

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 18 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32685

1. Corporation Name

CHRIST IS THE WAY COMMUNITY CHURCH, INCORPORATED

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

7441 MORSE AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

SAME

Zip

32244

Country

USA

Zip

SAME

Country

SAME

800213416178

10/18/11--01029--004 **419.50

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 06/06/1989

5. FEI Number

592945429

☐ 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

WOODS, WILLIE J.

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

7441 MORSE AVE.

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32244

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

Willie J. Woods
REGISTERED AGENT MUST SIGN

Date 10/17/20011

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
DP	WOODS, WILLIE J.	7441 MORSE AVE.	JACKSONVILLE, FL 32244
D	WOODS, BARBARA A.	7441 MORSE AVE.	JACKSONVILLE, FL 32244
D	JONES, VIRGIL SR.	7578 NEW KINGS RD.	JACKSONVILLE, FL 32208

REINSTATEMENT

10/19/11
10-11

10. E-mail Address: WOODS 585700@yahoo.com

(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:

Willie J. Woods

10/17/2011

904-662-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIE J. WOODS