

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 15 AM 9:44

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 #

3. Mailing Office Address

7441 Morse Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Fl

Same

Zip

Country

Zip

Country

32244

Duval

Same

USA

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

\$6.75 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

900243675439
01/15/13--01015--007 **297.50

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 1-4-13

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

JAN 15 2013

R. HUNT

10. E-mail Address: josephboone137@yahoo.com, Vriley@rrhhs.org

(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-13

Date

Daytime Phone #