

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37049**

1. Corporation Name

FLORIDA PROGRESSIVE BAPTIST SEMINARY, INC.

Principal Place of Business

600 EVERSON STREET
JACKSONVILLE FL 32204-1422

Mailing Address

600 EVERSON STREET
JACKSONVILLE FL 32204-1422

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1990

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	YOUNG, WILLIE E.	1203 SPEARING ST.	JACKSONVILLE FL
CD	NORMAN, EDWARD J.	2103 W. 40TH ST.	JACKSONVILLE FL
D	CARTER, LUELLA B.	1802 W. 10TH ST.	JACKSONVILLE FL
D	DAVIS, GREGORY	7806 CAXTON CIR. W.	JACKSONVILLE FL
			700003458997--0 -11/13/00--01003--010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

ROBINSON, PERRY
600 EVERSON STREET
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

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

Perry Robinson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/00

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., 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

W. E. Young
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #

KE



REINSTATEMENT

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FILED
00 OCT 25 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2ED40 (8/00)