

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 NOV -8 PM 4:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39369

1. Corporation Name

Woodland Place Church of Christ, Inc.

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

1921 NE 35 St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4997

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34479

Country

USA

City & State

Ocala, FL

Zip

34478

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/1990

5. FEI Number

59-247-0161

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

John W. Jackson

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

10120 W HWY 318

Suite, Apt. #, Etc.

City

Reddick

State

FL

Zip Code

32686

200292086632
11/08/16--01011--027 **245.00

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

John W. Jackson

REGISTERED AGENT MUST SIGN

Date 11-3-16

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
TD	Mursnice Gary	6445 NW 15 th Ave	Ocala, FL 34479
TD	Edwin Haffey	2815 N. Pine Av. RV10	Ocala, FL 34475
TD	John Jackson	10120 W HWY 318	Reddick, FL 32686

10. E-mail Address: John W. Jackson

(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:

John W. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-16

Daytime Phone #

K. ASHTON