

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 045503

1. Corporation Name

Good Samaritan Church of God in Christ, Inc.

FILED

02 MAY -3 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

119 6th Street South

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

3. Mailing Office Address

12235 Rochford Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FLA

Zip

32225

Country

100005556131--9

-05/17/02--01009--006

****358.78 ****358.78

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/7/91

5. FEI Number

59-3302649

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

Gregory Austin

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

12235 Rochford Lane

Suite, Apt. #, Etc.

None

City

Jacksonville

State
FL

Zip Code

32225

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**

Gregory Austin

REGISTERED AGENT MUST SIGN

Date MAY 8, 2002

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	Gregory Austin	12235 Rochford Lane	Jacksonville, FLA 32225
VP	Roger Hurley	2429 Glade Spring Rd	Jacksonville, FLA 32246
S	Amy Hayes	12235 Rochford Lane	Jacksonville, FLA 32225
D	Shirley Core	5350 Arlington Expressway	Jacksonville, FLA 32211
D	Marion Dorsey	840 Bonita St	Jacksonville, FLA 32233
D	Sylvia Hurley	2429 Glade Spring Rd	Jacksonville, FLA 32246

10. 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:

Gregory Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 8, 2002

Date

Daytime Phone #