

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 12 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N45947

Solomon Baptist Church

2. Principal Office Address

3220 New Berlin Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32207

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/93

5. FEI Number

593092572

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

REVEREND DONALD V. MEADERS

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

1705 EAST ADAMS STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date

2/10/02

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
Director/ Deacon	Jerry W. Horton	16344 Waterville Rd	Jax FL 32226
Director/ Deacon	Jack W. Crews Sr.	15779 Shulcracker Rd	Jax FL 32226
Director/ Deacon	Bobby V. Freeman Jr.	7937 Chateau Dr. S.	Jax FL 32220

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02

Date

765-0615

Daytime Phone #