

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45947

1. Corporation Name

SOLOMON BAPTIST CHURCH, INC.

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

3220 New Berlin Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32226

Country

USA

3. Mailing Office Address

3220 New Berlin Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32226

Country

USA

7. Name and Address of Current Registered Agent

Name

Rev. Bill Caverly

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

9778 Doolittle Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

Rev. Bill Caverly

REGISTERED AGENT MUST SIGN

Date **March 6, 2011**

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
D/T	Mr. Jerry Horton	16344 Waterville Road	Jacksonville / Florida / 32226
D/T	Mr. Jack Crews	15779 Shellcracker Road	Jacksonville / Florida / 32226
D/T	Mr. Frank Wilkerson	13170 US Hwy 301	Bryceville / Florida / 32009
D/T	Mr. Butler Priester, III	1663 W 30th St	Jacksonville / Florida / 32209
D/T	Mr. Mark Cardona	7524 Red Crane Lane	Jacksonville / Florida / 32256
D/T	Mr. Christopher Crews	1438 Lindsey's Crossing	Jacksonville / Florida / 32218

10. E-mail Address: **revcav@bellsouth.net**

(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:

Rev. Bill Caverly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 6, 2011 (904)866-7191

900197137279
03/08/11--01035--007 *367.50**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **November 8, 1991**

5. FEI Number
593092572

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$875** Additional Fee required
for a Certificate of Status

REINSTATEMENT

S. HAWKES

MAR 08 2011

EXAMINER

2009-11

FILED
11 MAR -8 PM 4:17