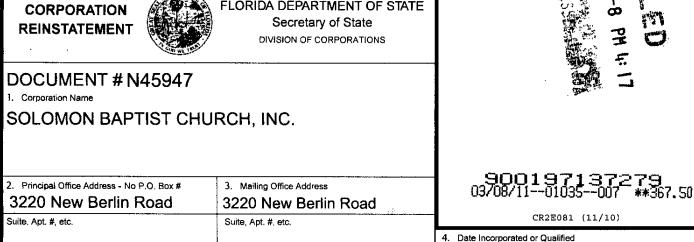
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH





FLORIDA DEPARTMENT OF STATE Secretary of State



city & State Jacksonville, Florida		City & State		To Do Business in Florida No	To Do Business in Florida November 8, 1991		
		Jacksonville, Florida		5. FEI Number 593092572	 	Applied For Not Applicab	
zip 32226	Country	Zip 32226	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additio		

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.

Ci

Jacksonville

Zip Code State 32246

REINSTATEM

S. HAWKES 2009-11

MAR 08 2011

EXAMINER

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.
o:-	

Registered Agent

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 / Zıp				
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 stibrhitted in a decument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| GNATURE: | March 6, 2011 (904)866-7191

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR