PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 JUN 25 PM 1: 12 DOCUMENT # NULL 189 1. Corporation Name CALVARY MISSION INC. SECKLIMAT OF STATE TALLAHASSEE, FLORIDA SOZZ COLONIAL AVE TACKSONVILLE FL 32210
Principal Place of Business Mailing Address 600 N. DAVIS ST JACKSONFILLE FL 32202 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 5022 COLONIAL AVE 2. New Principal Office Address, If Applicable 5022 COLONIAL AVE Date Incorporated or Qualified To Do Business in Florida 261 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip PD ALFRED A. MALLORY | 5022 COLONIAL AVE JACKSONVILLE FL 32210 LAWRENCE WRIGHT 1012 W. 40th ST SAVANNAH GA 31402 SD 5800 ALTAMA AJE #7 BRUNSWICK LEWIS TD )OHN 400002927724--7 -07/09/99--01089--012 \*\*\*\*665.00 \*\*\*\*665.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ALFRED A. MALLDRY
Street Address (P. Box Number is Not Acceptable)
5022 SIDNAL AVE State Zip Code PACKSONVILLE FL. 32210 bove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the egistered agent Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🗹 No 🗖 Intangible Personal Property Tax due June 30. 12. 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. LERED A MALLORY 6/23/49 (904) 388-0038
GNING OFFICER OR DIRECTOR

Daytime Phone & SIGNATURE: