

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 25 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46289**

1. Corporation Name

CALVARY MISSION INC

REINSTATEMENT

CR2E081 (1/07)

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

5022 COLONIAL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32210

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/92

5. FEI Number

59-310840

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

ALFRED A. MALLORY

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

5022 COLONIAL AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/24/07**

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
Pres. DIR	ALFRED A. MALLORY	5022 COLONIAL AVE	JACKSONVILLE FL 32210
TRES. DIR	COREY F. ANTONIO	4300 COMMUNITY DR. APT 1605	PAUMotu BEACH FL 33409
SEC. DIR	DAVID N. HART	6702 LONGMEADOW CIR.	JACKSONVILLE FL 32244
DIR	GREGORY W. HUNTER	885 BLANDING BLVD	JACKSONVILLE FL 32073
DIR	DONALD A. ZARN	10148 ARROWHEAD DR. E.	JACKSONVILLE FL 32257

08/07/07--01057--011 **420.00

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 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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

7/24/07

Date

(904) 388-0038

Daytime Phone #