

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 31 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CALVARY MISSION INC.
N 46289

2. Principal Office Address

5022 COLONIAL AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32210

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/92

5. FEI Number

59-3100840

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

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

[Signature]

Date

3/13/03

REGISTERED AGENT MUST SIGN

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. D.R. | ALFRED A. MALLORY | 5022 COLONIAL AVE | JACKSONVILLE FL 32210 |
| TRES. D.R. | COREY F. ANTONIO | 4300 Community DR APT. 1605 | WEST PALM BEACH FL 33409 |
| D.R. | DAVID N. HART | 6702 LONGMEADOW CIR. | JACKSONVILLE FL 32244 |
| D.R. | GREGORY W. HUNTER | 885 BLANDING BLVD | ORANGE PARK FL 32073 |
| D.R. | DONALD A. ZAHN | 10148 ARROWHEAD DR E. | JACKSONVILLE FL 32257 |

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

3/13/03

Date

(904) 388-0038

Daytime Phone #

CR2E081 (10/02)