

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$38.75

AND  
FILED

01 DEC-12 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N110410

1. Corporation Name  
The Body of Christ (The Church Continuing in The  
Apostles' Doctrine) Inc.

2. Principal Office Address

6933 Havana Highway

Suite, Apt. #, etc.

City & State

Havana, Florida

Zip

32333

Country

Canada

3. Mailing Office Address

P.O. Box 521  
Havana, FL 32333

Suite, Apt. #, etc.

City & State

Havana, Florida

Zip

32333

Country

Canada

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/81

5. FEI Number

59-3138573

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

Jerome Showers, Sr.

500004741165-2

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

6933 Havana Highway

12/27/01-01035-080

\*\*\*\*717.50 \*\*\*\*358.75

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

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 12/12/01

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
PT	Jerome Showers, Sr.	P.O. Box 501 Havana, FL 32333	Havana, FL 32333
VT	Dora Walker	Rt. 2 Box 129	Quincy, FL 32351
TST	Tyrone Showers	P.O. Box 501	Havana, FL 32333
T	Clifford Owens	P.O. Box 484	Havana, FL 32333
T	Gloria Owens	P.O. Box 484	Havana, FL 32333
T	Andrea Blair	Rt. 2 Box 129	Quincy, Fla. 32351

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/01

Daytime Phone #

CR2081 (9/00)