

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N46751 (6)

1. Corporation Name

CITIZENS FOR POSITIVE AFFIRMATION, INC.

Principal Place of Business

Mailing Address

1650 ART MUSEUM DRIVE, SUITE #11
JACKSONVILLE, FLORIDA 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1650 ART MUSEUM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #11

City & State

City & State

JACKSONVILLE, FLORIDA

Zip

Country

Zip

32207

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1992

5. FEI Number

59-3119580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
P/C	REV. A. JOSPEH REDDICK	1943 COLLEGE CIRCLE NORTH	JACKSONVILLE, FL 32209
V/P/D	REV. S. S. ROBINSON	1717 SEMINARY STREET	JACKSONVILLE, FL 32209
S/D	ANNIE V. BROWN	3893 MONCREIF ROAD W.	JACKSONVILLE, FL 32208
T/D	HENRY SIMMONS	1168 W. 29th STREET	JACKSONVILLE, FL 32209
CH/D	REV. WILLIAM LIPROT, SR.	2330 W. 18th STREET	JACKSONVILLE, FL 32209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOHN W. DEMPS, SR.

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

1650 ART MUSEUM DRIVE

Suite, Apt. #, Etc.

SUITE #11

City

JACKSONVILLE

State

FL

Zip Code

32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John W. Demps, Sr.

REGISTERED AGENT MUST SIGN

Date 11-2-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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.

SIGNATURE:

Rev. A. Joseph Reddick
Rev. A. Joseph Reddick

11-2-99-904-348-0910
Date Daytime Phone #