

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46770

1. Corporation Name

Sharon Baptist Church, Inc.

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

5584 Sharron Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

5584 Sharron Rd.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

Zip

32043

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1992

5. FEI Number

59-2899627

☒ 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

Michelle A. Todd

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

5795 Sharron Rd.

Suite, Apt. #, Etc.

City

Green Cove Springs

State

FL

Zip Code

32043

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

Michelle A. Todd

REGISTERED AGENT MUST SIGN

Date

11/17/09

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
P	Tomlinson, James	8006 Gordean Road	Jacksonville, FL 32221
T	Todd, Michelle Ann	5795 Sharron Road	Green Cove Spgs, FL 32043
D	Jolley, Isaac Alvin	2276 Craven Road	Green Cove Spgs, FL 32043
D	Smith, Johnny Mack	4216 Saunders Road	Green Cove Spgs, FL 32043

10. E-mail Address: mtodd929@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Michelle A. Todd Michelle A. Todd
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/09 (904) 219-0026

Date

Daytime Phone #