

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 APR -3 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48908

1. Corporation Name

THE FERRIS HILL INDEPENDANT CHURCH OF GOD IN CH
RIST, INC.

Principal Place of Business

909 N. ALABAMA STREET
MILTON FL 32570

Mailing Address

P.O. BOX 730
MILTON FL 32572

REINSTATEMENT 1502

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

5583 ALABAMA ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1992

Suite, Apt. #, etc.

City & State

MILTON FLORIDA

City & State

Zip

32570

Country

Zip

Country

5. FEI Number

59-3115250

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
PD	JOHNSON, JOSH SR	7303 KENNEDY LANE	MILTON FL
VD	COBB, JOSEPH JR CARY Rich	7516 SAINT JOSEPH 6439 SYline Dr	MILTON FL MILTON FL
SD	BLOXSON, BETTY CAROLYN Johnson	909 N ALABAMA STREET 7307 Kennedy LN	MILTON FL MILTON FL
TD	ERVIN, ALBERT	105 HOLMES STREET	MILTON FL
D	JONES, KERY	205 SESSIONS STREET	MILTON FL
			200005283332--2 -04/17/02--01011--010 ****665.00 ****665.00

8. Name and Address of Current Registered Agent

BLOXSON, BETTY
909 N ALABAMA STREET
MILTON FL 32570

9. Name and Address of New Registered Agent

Name

CAROLYN Johnson

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

7307 Kennedy LN

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32583

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

CAROLYN Johnson
REGISTERED AGENT MUST SIGN

Date 4/3/02

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

JOSH Johnson

4-3-2002

980-626-3309

CR2E040 (6/95)