

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

05 MAR 28 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50435**

1. Corporation Name

**First Apostolic Church of St.
Augustine, Inc.**

2. Principal Office Address

96 Masters Dr.

Suite, Apt. #, etc.

City & State

St. Augustine, Fl.

Zip

32085

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/14/92

5. FEI Number

59-3221929

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

Ronald R. Reinhardt

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

200 Augusta Cir.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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]

REGISTERED AGENT MUST SIGN

Date

2/22/05

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
SD	Dimsdale, Lynette	4275 Oak Lane	St. Augustine, Fl 32086
D	Walthour, Robert SR.	1125 E. 19th St.	St. Augustine, Fl 32086
D.	McLain, John	83 Brushwood Ln	Palm Coast FL 32137

300050266353
04/11/05-01002-013 **297.50

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

2/22/05

Date

Daytime Phone #

CR2E081 (01/05)