

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50435**

1. Corporation Name

FIRST APOSTOLIC CHURCH OF ST. AUGUSTINE, INC.

Principal Place of Business

P.O. BOX 148
96 MASTERS DRIVE
ST. AUGUSTINE FL 32085

Mailing Address

P.O. BOX 148
96 MASTERS DRIVE
ST. AUGUSTINE FL 32085

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1992

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	DIMSDALE, LYNETTE	4275 OAK LANE	ST. AUGUSTINE FL 32086
PD	LISTER, J. ALTON	501 MOULTRIE WELLS ROAD	ST. AUGUSTINE FL 32086
D	WALTHOUR, ROBERT SR.	1125 EAST 19TH STREET	JACKSONVILLE FL 32206

300024475033
11/06/03--01015--002 **\$1.25

8. Name and Address of Current Registered Agent

CHAMBERLIN, G. RICHARD
6044 SE AGNEW ROAD
P.O. 3370
BELLEVIEW FL 34421-3370

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

CSIC Ration Chalk
REGISTERED AGENT MUST SIGN

Date **11-03-2003**

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 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

J. ALTON LISTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 3, 2003
Date

904-824-1079
Daytime Phone #

CR2E040 (7/03)

FIRST APOSTOLIC CHURCH

Where Good Things Always Happen

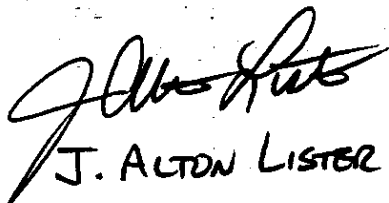
96 MASTERS DRIVE • P.O. BOX 148 • ST. AUGUSTINE, FLORIDA 32085-0148 • (904) 824-1079

NOVEMBER 3, 2003

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THIS LETTER IN VERIFICATION THAT THE FIRST APOSTOLIC CHURCH OF ST. AUGUSTINE, INC. DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICES. WE HAVE RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR RELOCATION, AND WE ARE APPLYING FOR REINSTATEMENT. WE ARE ENCLOSING THE APPROPRIATE DOCUMENTS, AND IF ANY OTHER INFORMATION IS NEEDED, PLEASE CONTACT US.

THANKS FOR YOUR HELP,



J. ALTON LISTER, PRESIDENT