" PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 920000000	\Box	വാ	IMEN	JŤ	#	N	920000009	7 1
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1. Corporation Name

Hodges Boulevard Presbyterian Church, Inc.

FILED 00 MAY -2 PM 4: 35 SECRETARY OF STATE TALLAHASSEE FLORIDA

Date 57//2000

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office Address	3. Mailing Office A	Address		
Hodges Boulevard	4140 Hod	ges Boulevard	1	
tc.	Suite, Apt. #, etc.		~10 <u>00000000000000000000000000000000000</u>	economical and all the last till
	•	<u>.</u>	4. Date Incorporated or Qualified To Do Business in Florida	20 1002
	City & State			
onville, Florida	Jacksonv	ille, Florida		Applied For Not Applicable
Country	Zip	Country	6	75 Additional Fee required
USA	32224	USA	CERTIFICATE OF STATUS DESIRED 30.7	or a Certificate of Status
	7. Name r	and Address of Current Regi	Jistered Agent	
200 W. Forsyth Stroute, Apt. #, Etc.	•		300003245 -05/09/000 ****420,00	.0535 01093010 _*****420.00
Suite 1517 City Jacksonville			State Zip Code FL 32202	T T
N S S S C	c. Inville, Florida Country USA Vame Jack G. Hand, Jr Street Address (P.O. Box Number is 200 W. Forsyth Street and part of the suite, Apt. #, Etc. Suite 1517	c. Suite, Apt. #, etc. City & State Inville, Florida Jacksonv Country Zip USA 32224 7. Name a Same Jack G. Hand, Jr. Street Address (P.O. Box Number is Not Acceptable) 200 W. Forsyth Street Suite, Apt. #, Etc. Suite 1517	c. Suite, Apt. #, etc. City & State Inville, Florida Jacksonville, Florida Country Zip Country USA 32224 USA 7. Name and Address of Current Regination Plack G. Hand, Jr Street Address (P.O. Box Number is Not Acceptable) 200 W. Forsyth Street Suite, Apt. #, Etc. Suite 1517	Codges Boulevard C. Suite, Apt. #, etc. City & State City & State Jacksonville, Florida Country USA 7. Name and Address of Current Registered Agent Name Jack G. Hand, Jr. Street Address (P.O. Box Number is Not Acceptable) 200 W. Forsyth Street Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite 1517 State State Zip Code

94 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director PD Franzle Meza 376 Raleigh Road Jacksonville, FL 32225 VD4774 Nimitz Court S. Herbert Ramsdell Jacksonville, FL 32246 SD Edythe Tebbs 4125 Shoal Creek Lane E. Jacksonville, FL 32225 TD Douglas Lewis 3241 Fiddlers Hammock Lane Ponte Vedra Beach, FL 32082

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 filling 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:

Registered Age

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

