

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 DEC 31 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001219

1. Corporation Name

MONCRIEF CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

4216 MONCRIEF ROAD  
JACKSONVILLE FL 32209

4216 MONCRIEF ROAD  
JACKSONVILLE FL 32209

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1993

5. FEI Number

59-3182817

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	<del>DURHAM, WILLIE</del> Donnie L. Smith	<del>1060 MONTEGO BAY DRIVE, SOUTH</del> 3864 Harborview Ct	JACKSONVILLE FL <del>32218</del> 32208
VD	BLACKMON, DAVID	1451 SHEARWATER DRIVE	JACKSONVILLE FL 32218
<del>PD</del> UP	KELLY, JANET Willie Durham	<del>1532 DYAL STREET, EAST</del> 1060 Montego Bay Drive	JACKSONVILLE FL <del>32208</del> 32219
SD	TOMPKINS, DORETHA	9170 4TH AVENUE	JACKSONVILLE FL 32208

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-01/07/99-01011-004

\*\*\*236.25 \*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, CAROLYN W  
1317 W 29TH STREET  
JACKSONVILLE FL 32209

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 W. Johnson

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Donnie L. Smith  
Donnie L. Smith

12/1/98  
Date

904-768-5759  
Daytime Phone #

CR2E040 (9/98)