

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 1:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001219**

1. Corporation Name

Moncrief Christian Church, Inc.

2. Principal Office Address

4216 Moncrief Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

USA

3. Mailing Office Address

P.O. Box 551260

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32255

Country

USA

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

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Michael N. Schneider

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

5150 Belfort Road

Suite, Apt. #, Etc.

Building 100

City

Jacksonville

State

FL

Zip Code

32256

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]

Date

3/13/2002

REGISTERED AGENT MUST SIGN

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
PD	Donnie L. Smith	3864 Harborview Court	Jacksonville, FL 32208
VD	Sharon Y. Smith	3864 Harborview Court	Jacksonville, FL 32208
VD	Willie Durham	1060 Montego Bay Drive	Jacksonville, FL 32218
T	Sandra Durham	1060 Montego Bay Drive	Jacksonville, FL 32218
S	Doretha Tomkins	9170 4th Avenue	Jacksonville, FL 32208
			<i>[Signature]</i> 3/13/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donnie L. Smith

3/13/02

Date

(904) 296-0100

Daytime Phone #

CRCE081 (9/01)