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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 97 0102

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1997 MAY -7 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # N93000003234

Southside Church of Christ of Jacksonville Inc.
220 Mill Creek Rd
Jacksonville FL. 32211

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 7-20-93

5. FEI Number: 59-3199806

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Chair/D	Harold Rollinson	10839 Crosstie Rd. E.	Jacksonville FL. 32257
Vice Chair/D	Bernard Hayes	621 Fernworth Dr.	Jacksonville FL. 32211
Secretary/D	Victor Martin	12605 Stockwood Lane	Jacksonville FL. 32225
D	Trevor Thompson	5439 Santa Monica Blvd	Jacksonville FL. 32207
Treasurer/D	John Fozell	1538 Windy Oaks Dr.	Jacksonville FL. ~~32277~~ 32225
D	Rollie Johnson	6261 Whispering Oaks Dr.	Jacksonville FL. 32277

* See attached for additional officers

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Harold Rollinson
10839 Crosstie Rd E.
Jacksonville FL. 32257

8. If changed, new registered agent / office

Name

REINSTATEMENT 94 5/8/97

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

000021733316--1
-05/03/97--01101--008
*****420.00 *****420.00

City FL. Zip

CR2E040 (8/92)

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: Harold Rollinson Date: 5-6-97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Harold Rollinson Date: 5-6-97 Daytime Phone #: 723-5575

Typed or printed name of signing officer or director: HAROLD ROLLINSON

Name of Directors

#g2gj2

names	Street Address	City / State / Zip
Charles White	2337 Mindanao Dr.	Jacksonville FL 32246
Mike McKinney	11628 Sherborne Cir.	Jacksonville FL. 32225