

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001797

1. Corporation Name

FIRST VIEW MINISTRIES, INC.

1399-487

Principal Place of Business

Mailing Address

9715 BAYVIEW AVENUE
JACKSONVILLE, FL 32208

P. O. BOX 77362
JACKSONVILLE, FL 32226

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

04/11/1994

5. FEI Number

59-3229912

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 (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
PD	KELLEY, ROBERT	9715 BAYVIEW AVENUE	JACKSONVILLE, FL 32208
STD	KELLEY, DIANNE	9715 BAYVIEW AVENUE	JACKSONVILLE, FL 32208
D	SIMONIC, NICHOLAS T.	8280-8 PRINCETON SQ. BLVD. W	JACKSONVILLE, FL 32256
D	BINNS, DAVID P., SR.	2203 HICKORY DR., NW	CLEVELAND, TN 37311
REINSTATEMENT 95-99			

8. Name and Address of Current Registered Agent

KELLEY, ROBERT
9715 BAYVIEW AVENUE
JACKSONVILLE, FL 32208

9. Name and Address of New Registered Agent

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

Robert Kelley

REGISTERED AGENT MUST SIGN

Date

3/16/99

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:

Robert Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT KELLEY

12/30/98
Date

904/768-1666
Daytime Phone #