

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 8:26

DOCUMENT # 094000004132

1. Corporation Name

PAUL AVENUE BAPTIST CHURCH OF JACKSONVILLE, INC.

2. Principal Office Address - No P.O. Box #

2742 PAUL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

SAME

Zip

32207

Country

USA

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/17/94

5. FEI Number

593083282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID B GARRETT

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

2700 UNIVERSITY BLVD, SOUTH

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David B. Garrett
REGISTERED AGENT MUST SIGN

Date

6/26/08

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
P.O.	RICKIE PITTMAN	2742 PAUL AVE	JACKSONVILLE, FL 32207
TR.D	MABLE BOLES	2743 LARSEN RD	JACKSONVILLE, FL 32207
T.S	GLORIA WALLS	4856 SOUTHLAND DR.	JACKSONVILLE, FL 32207
REINSTATEMENT 07-08 400132372564 07/07/08--01060--001 **131.25 B 7/8/08			

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 contained in Chapter 119, 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:

Richie Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/3/08

Daytime Phone #

945-4902