

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

03 JAN 29 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004517

1. Corporation Name

Sisters, "OVERCOMERS IN Christian Unity"

2. Principal Office Address

6479 San Juan Ave

Suite, Apt. #, etc.

Suite #1

City & State

Jacksonville

Zip

32210

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Florida

Zip

32210

Country

USA

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4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3276254

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

Bertha Howze

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

2151 Lane Ave

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32210

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

Bertha Howze

REGISTERED AGENT MUST SIGN

Date 1/14/03

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
Pres.	Delana Stephens	3118 Winton Dr.	Jacksonville, FL 32208
Vice Pres.	Naleene Trimmings	6479 San Juan Ave	Jacksonville, FL 32210
Sec.	Robert Cantrell	6316 San Juan #1	Jacksonville, FL 32210
	* These are directors *		

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:

Ann E.A. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03
Date

(904) 591-9809
Daytime Phone #

CR2E081 (9/99)