

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005888

1. Corporation Name

Jamestown Church of Christ, Inc.

2. Principal Office Address

545 16th St. N

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip

33705

Country

Pinellas

3. Mailing Office Address

Po Box 35113

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33705

Country

Pinellas

CR2E081 (8/05)

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

1994

5. FEI Number

☒ 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

Glenn Rutledge

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

3936 9th Ave So

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33711

500062787795

01/05/06--01044--004 **298.00

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

X Glenn Rutledge

REGISTERED AGENT MUST SIGN

Date

12-10-05

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
D/T/V	Kelvin Hollis	1421 31 st St So	St Pete., FL 33712
D/T/P	Glenn Rutledge	3936 9 th Ave So	St Pete., FL 33711
D/T/S	Keith DeLaney	113L 58 th Ave So	St Pete., FL 33705

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:

X Kelvin Hollis, Kelvin Hollis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-05

Daytime Phone #

727-328-1364