

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN 13 AM 11:10  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005888

1. Corporation Name  
Jamestown Church of Christ, Inc.

2. Principal Office Address  
545 16<sup>th</sup> St. N

3. Mailing Office Address  
PO Box 35113

Suite, Apt. #, etc.  
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Suite, Apt. #, etc.  
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City & State  
St Petersburg, FL

City & State  
St. Petersburg, FL

Zip Country  
33705 Pinellas

Zip Country  
33705 Pinellas

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

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name  
Glenn Rutledge

Street Address (P.O. Box Number is Not Acceptable)  
3936 9<sup>th</sup> Ave So

Suite, Apt. #, Etc.  
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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 <sup>st</sup> St So	St Pete., FL, 33712
D/T/P	Glenn Rutledge	3936 9 <sup>th</sup> Ave So	St Pete., FL, 33711
D/T/S	Keith DeLaney	113L 58 <sup>th</sup> Ave So	St Pete., FL, 33705

**REINSTATEMENT**  
12/24/06  
12-05

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 12-31-05 727-328-1364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #