

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC 30 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002518**

1. Corporation Name

FLORIDA STATE PRIMITIVE BAPTIST CHURCH CAMP, IN C.

Principal Place of Business

1262 W. 4TH STREET
JACKSONVILLE FL 32209

Mailing Address

1262 W. 4TH STREET
JACKSONVILLE FL 32209

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HARRIS, LEE	1262 W. 4TH STREET	JACKSONVILLE FL 32209
D	NICHOLSON, ZEBEDEE	506 NORTH D ST.	PENSACOLA FL 32501
D	GRANT, J L	908 S. EMPIRE ST.	PLANT CITY FL 33875
D	ELLIS, ISAIAH JR.	6815 RHODE ISLAND DR. E	JACKSONVILLE FL 32209
D	JILES, WILFORD	4557 THOMASVILLE ROAD	TALLAHASSEE FL 32308
D	TRUSS, ERIC	532 OAK STREET	DAYTONA BEACH FL 32114

8. Name and Address of Current Registered Agent

HARRIS, LEE
1262 W. 4TH STREET
JACKSONVILLE FL 32209

600002051846--4

-01/09/97--01014--008

****236.25 ****236.25

9. Name and Address of New Registered Agent

Name

Street

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/96

Date

Daytime Phone #