

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004743**

1. Corporation Name

ARMS OF MERCY DRUG FREE RECOVERING MINISTRY INC.

Principal Place of Business

1453 WEST 22ND STREET
JACKSONVILLE FL 32209

Mailing Address

1453 WEST 22ND 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1995

5. FEI Number

59-3338717

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02



400008638174
10/29/02--01001--009 **236.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	THOMAS, QUOVADIS G	1801 KEY BISCAVNE	JACKSONVILLE FL 32218
V	LE COUNT, ROBERT	5729 VERNON ROAD	JACKSONVILLE FL 32209
D	HAMMETT, NOAH	1453 W. 22ND STREET	JACKSONVILLE FL 32209
D	POWELL, BEVERLY J	1453 W 22ND STREET	JACKSONVILLE FL 32209
D	WALKER, BESSIE	1453 W 22ND STREET	JACKSONVILLE FL 32209
T	JACKSON, KAREN	1453 W 22ND STREET	JACKSONVILLE FL 32209

8. Name and Address of Current Registered Agent

THOMAS, QUOVADIS
1453 WEST 22ND STREET
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name

Anthony Thomas

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

1453 W 22nd. Steer

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

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. or 617.0505, F.S.

Signature of
Registered Agent

Thomas Quovadis
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

Thomas Quovadis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

9043542954

Daytime Phone #

CR2E040 (8/02)