

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000249

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2974 HARTLEY ROAD WEST
C/O H W W
JACKSONVILLE FL 32257
US

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~~C/O H W W~~
~~JACKSONVILLE FL 32257~~
~~US~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

90 MICHAEL CLARKE

11659 DUNES WAY DR N

JACKSONVILLE FL

32225 USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1997

5. FEI Number

59-3419817

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
0	ARTHUR, JAYNE A	4086 STILLWOOD DR.	JACKSONVILLE FL 32257
VD	HOLLIS, AUSTIN O JR	3224 JULINGTON CK RD	JACKSONVILLE FL 32223
PD	BARKET, THOMAS	9179 BAY COVE LANE	JACKSONVILLE FL 32257
TD	MCCLUSKEY, NORMAN D CLARKE, MICHAEL H.	4335 SAN SERVERA DR. S. 11659 DUNES WAY DR N	JACKSONVILLE FL 32217 JACKSONVILLE FL 32225
0	ARTHUR, JEFFREY L	4086 STILLWOOD DR	JACKSONVILLE FL 32257
D	BORNE, RAY	605 HIBERNIA OAKS DR.	GREEN COVE SPRINGS FL 32043

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARKE, MICHAEL H
11659 DUNES WAY DR N
JACKSONVILLE FL 32225

Name

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

Suite, Apt. #, Etc.

City

600003103336--2

-01/19/00--01079--014

****236.25 ****236.25

FL

Zip Code

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

Michael H. Clarke
REGISTERED AGENT MUST SIGN

Date 12/21/99

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:

Michael H. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/99 904-7438444
Date Daytime Phone #