PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	COMPLETI	THIS PAR	e losa
FOR REINSTATEMENT	Secretary of	state	MARIE		
DOCUMENT # N97000002127			92 FEB 15 MIN: 59		
1. Corporation Name			SECTION OF STATE TALL AND SME, PLONING		
Community Chuech			100, 50, 1 44,	rt, M.Chatt	
Principal Place of Business Mailing Address					
6154 Tuscony	CR				
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 Colors Suite, Apt. #, etc. Suite, Apt. #, etc.		()	4. Date Incorporated or Qualified To Do Business in Florida		
City & State	,		5. FEI Number	64467	Applied For
Zip Country	JACKSONILE TO	orite	6.	\$8.75	Not Applicable Additional Fee required
7. Names and Street Addresses of Each Officer and		vo ⊂ ations must list at lea	<u> </u>	JF STATUS DESIRED (r a Certificate of Status
Name of Officers Str Title(s) and/or Directors Of		reet Address of Each fficer and/or Director Ise Post Office Box N	·	City / Stal	le / Ζιρ
p-D Anthony 1 ma	Nist 61547	Fuscond	(K	SACKSONVIllE	Florida 3007
T-D ALVIN HIII	2946 1	30ppd bu	DY PUE	JA Worsen 14	UT 32205
S-D: CORDIE 116	. '	UJ 1254	Ì	Sacksonulli	
		•			
				90002760 -02/19/39(****125.25	7 106 01051011 ****125.25
Name and Address of Current	Registered Agent		9. Name and Ad	dress of New Registered Ac	nent
•	Name				
6154 Tusceny CR	Street Address (PO Rdx Number is Not Acceptable) CISCI TUSCING (R Suite, Apt. #, Etc				
JACKSCHVIlle Plan	2 Hdn 32277	SACKEN	wille.	! F <u>L</u>	Zip Code 33377
or ature of the interest agent of the about the interest agent of the about the interest agent.	ive named corporation, am familiar w M C W S EGISTERED AGENT MUST SIGN	ith and accept the ob	ligations of Section	607.0505, F.S. Date 1/-18-92	P
11. This corporation owes or ha Intangible Personal Propert	as paid the current yea	ar Yes 🔲	No 🗹	(See other sid on intang	go William Jan
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissolved by the corporation have been paid and the right application is true and accurate, and my significant.	elution has been eliminated, the corpo names of individuals listed on this for	prate name satisfies ti m do not qualify for a	he requirements of In exemption under	section 607.0401 or 617.0401 section 119.07(3)(i), F.S. The	1 FS that all foos
SIGNATURE: ON THE SIGNATURE AND TYPED OR PRIN	1. M(NIST)	DIRECTOR	11-18-0		- 2138 me Phone #

PAGE 2

Colossians Community Church 6154 Tuscony Circle Jacksonville, FL 32277

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please waive the reinstatement fee of \$250.00 due to our church did not receive the address or call (904) 744-8138. application at the beginning of the year. The clerk in your office sent us this form and informed Pastor Anthony McNish to send \$64.00 and this form to your office. Enclosed you will find the applications and a check for \$64.00. If you have any questions please write the pastor at the above address or e-mail him at pastorajm@aol.com. The pastor can also be reached by telephone at (904) 744-8138.

Thank you, anthoug & Mi Rist

Anthony J McNish Pastor-Colossians Community Church