

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB -7 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000004145

**1. Corporation Name**

Greater Dimensions Christian Assembly

**2. Principal Office Address**

**3. Mailing Office Address**

2443 Aubrey Avenue

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

City & State

City & State

JAX., FL

Zip

Country

Zip

Country

32208

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07-21-1997

**5. FEI Number**

59-3454075

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Curington, Debra Dr.

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

2443 Aubrey Avenue

Suite, Apt. #, Etc.

NA

City

Jacksonville

State  
FL

Zip Code

32208

**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

*Dr. Debra Curington*

REGISTERED AGENT MUST SIGN

Date 11-20-01

**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
T	Charlene Boyd	8401 Grampell Drive	Jax., FL 32221
ST	Johnnie M. Parker	1104 Weare Street	Jax., FL 32206
D	Bettye B. Pope	7507 Beach Boulevard	Jax., FL 32207
P	Debra Curington	2443 Aubrey Avenue	Jax., FL 32208 LS

**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.**

*Dr. Debra Curington*

**SIGNATURE:** Dr. Debra Curington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-01

Date

(904) 683-1280

Daytime Phone #

CR2E081 (9/00)