

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 20 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004475

1. Corporation Name

RECLAIM Baptist Church, Inc.

W05-1352

2. Principal Office Address

3500 Newcomb Road

Suite, Apt. #, etc.

City & State
NA

Jacksonville,

Zip

32218

Country

Duval USA

3. Mailing Office Address

3500 Newcomb Road

Suite, Apt. #, etc.

NA

City & State

Florida

Zip

32218

Country

USA

REINSTATEMENT

03-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

9/04/94

5. FEI Number

59-3316112

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

James P. Wright

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

4901 Sunbeam Rd. Apt. 1014

Suite, Apt. #, Etc.

City

Apt. 1014

Jacksonville, Florida

State
FL

Zip Code
32257

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

James P. Wright
REGISTERED AGENT MUST SIGN

Date Jan. 18 2005

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
D	James P. Wright	3521 Newcomb Rd	Jax, FL 32218
D	Geraldine Wright	3521 Newcomb Rd.	Jax, FL 32218
D	Brian Lewis	10938 Majuro Drive	Jax, FL 32246

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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.

SIGNATURE:

Geraldine Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Date

(904) 737-8770

Daytime Phone #

CR2E081 (01/05)