

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # **N98000001248**

1. Corporation Name

NEW ST. JAMES HOLY FAMILY CHURCH, INC.

Principal Place of Business

4822 SUNBEAM ROAD
JACKSONVILLE FL 32257

Mailing Address

4822 SUNBEAM ROAD
JACKSONVILLE FL 32257



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1998

MRS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2125421

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	MIMS, RUDOLPN C	7135 BALBOA ROAD	JACKSONVILLE FL 32217
D	BAKER, LEROY JR.	9540 WALKER CIRCLE	JACKSONVILLE FL 32257
D	FRANCIS, THELMA	4728 SUNBEAM ROAD	JACKSONVILLE FL 32257
D	WALKER, HENRIETTA	9576 WALKER CIRCLE	JACKSONVILLE FL 32257
D	JONES, DEBORAH	12349 FLYNN ROAD	JACKSONVILLE FL 32223
P	MIMS, BARBARA D	7135 BALBOA RD	JACKSONVILLE FL 32217

8. Name and Address of Current Registered Agent

MIMS, BARBARA D
4822 SUNBEAM ROAD
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

000024655160

Suite, Apt. #, Etc.

11/14/03--01004--017 **236.25

City

State
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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara D. Mims
REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Barbara D. Mims, Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

CR2E040 (7/03)