

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N98000002407

1. Corporation Name

SON SHINE CHRISTIAN FELLOWSHIP OF JACKSONVILLE,  
FLA., INC.

Principal Place of Business

Mailing Address

6691 STRATTON RD.  
JACKSONVILLE FL 32221

3091 STRATTON RD  
JACKSONVILLE FL 32221

7184 Patience Ct.  
Jacksonville, FL 32222

7184 Patience Ct.  
Jacksonville, FL 32222

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

7555 WILSON BLVD  
Suite, Apt. #, etc.

PO Box 37488  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE FL

Zip Country  
32210 USA

Zip Country  
32210 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1996

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MALLINSON, GARY P	7184 PATIENCE CT	JACKSONVILLE FL 32222
D	MALLINSON, PORTIA	3091 STRATTON RD	JACKSONVILLE FL 32221
D	MALLINSON, GEORGE	2007 BRAQUE CT	JACKSONVILLE FL 32210
D	MALLINSON, DIXIE A.	7184 PATIENCE CT	JACKSONVILLE FL 32222

100003069651--1  
-12/14/99--01083--013  
\*\*\*236.25 \*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALLINSON, GARY  
3091 STRATTON RD  
JACKSONVILLE FL 32221

7184 Patience Ct.  
Jacksonville, FL 32222

Name

MALLINSON, GARY

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

7184 PATIENCE CT

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32222

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

Gary P. Mallinson  
REGISTERED AGENT MUST SIGN

Date 11-18-99

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)(l), 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:

Gary P. Mallinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-99

Date

(904) 573-0290

Daytime Phone #

AD

CR25040 (6/99)