

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 28 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004744

**1. Corporation Name**

Resurrection Life Christian Fellowship

**2. Principal Office Address**

6003 Roosevelt Blvd

Suite, Apt. #, etc.

Suite #3

City & State

Jacksonville, FL

Zip

32244

Country

USA

**3. Mailing Office Address**

6003 Roosevelt Blvd

Suite, Apt. #, etc.

Suite #3

City & State

Jacksonville, FL

Zip

32244

Country

USA

800011128978  
01/28/03--01040--016 \*\*297.50

**REINSTATEMENT**

02-03

**4. Date Incorporated or Qualified To Do Business in Florida** August 18, 1998

**5. FEI Number**

59-3527861

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

Ezekiel V. Williams

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

1810 Harbor Island Drive

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32003

**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

REGISTERED AGENT MUST SIGN

Date 1/13/03

**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
P/D	Ezekiel V. Williams	1810 Harbor Island Drive	Orange Park, FL 32003
D	Paulette M. Williams	1810 Harbor Island Drive	Orange Park, FL 32003
T/D	Eddie Fitzpatrick	3013 Wavering Lane	Middleburg, FL 32068
D	Teresa Fitzpatrick	3013 Wavering Lane	Middleburg, FL 32068

**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:**

Eddie Fitzpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

(904) 742-7793

Daytime Phone #

CR2E081 (10/02)

gs 1/25