

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kersey
Secretary
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005929

1. Corporation Name

CHARISMATIC ORTHODOX CHURCH, INC.

Principal Place of Business

Mailing Address

784 VISCAYA AVENUE
ST. AUGUSTINE FL 32086

784 VISCAYA AVENUE
ST. AUGUSTINE FL 32086

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

10/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CPD	MARK D. KERSEY	784 VISCAYA BLVD	ST AUGUSTINE, FL 32086
VPD	JOSEPH BENNETT	1077 COLLIER BLVD	ST AUGUSTINE, FL 32086
TD	LINDA KERSEY	784 VISCAYA BLVD	ST AUGUSTINE, FL 32086
SO	MARY BENNETT	1077 COLLIER BLVD	ST AUGUSTINE, FL 32086
O	TED REED	14001 SHAMROCK TRAIL	SMYRNA, GA 30080

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KERSEY, MARK D
784 VISCAYA AVENUE
ST. AUGUSTINE FL 32086

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Mark D. Kersey
REGISTERED AGENT MUST SIGN

Date 10-15-99

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)(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:

Mark D. Kersey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99

Date

904-794-5009
Daytime Phone #