

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  
01 OCT 19 AM 10:52

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**



**REINSTATEMENT 01**

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

**59-3539860**

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
CPD	KERSEY, MARK D	784 VISCAYA BLVD.	ST. AUGUSTINE FL 32086
VPD	WRIGHT, LORENZO T	RT 5 BOX 2175	PALATKA FL 32177
TD	KERSEY, LINDA	784 VISCAYA BLVD.	ST. AUGUSTINE FL 32086
			000004661220--5 -10/31/01--01058--005 ****236.25 ****236.25
			<i>Handwritten signature</i>

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of  
Registered Agent

*Mark Kersey*  
REGISTERED AGENT MUST SIGN

Date **10-16-01**

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 Kersey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-16-01**

Daytime Phone #

CR2E040 (8/01)