

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007178

1. Corporation Name

PROGRESSIVE BIBLE WAY CHURCH, INC

2. Principal Office Address - No P.O. Box #
3716 PEARL STREET

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip
32206

Country

3. Mailing Office Address
3716 PEARL STREET

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip
32206

Country

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
050201500

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
PLOWDEN, JIMMIE L

Street Address (P.O. Box Number is Not Acceptable)
5054 ANDREWS STREET

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32254

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Bishop Jimmie Plowden
REGISTERED AGENT MUST SIGN

Date **10-09-2007**

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
Bishop	PLOWDEN, JIMMIE L	5054 ANDREWS STREET	JACKSONVILLE FL 32254
Deacon	Fluitt, Willie	2569 Robert Street	Jacksonville, FL 32209
Elder	PLOWDEN JR, JIMMIE	9309 Ribault Ave	Jacksonville, FL 32208

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 contained in Chapter 119, 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: *Bishop Jimmie Plowden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-2007

Date

904-708-4754

Daytime Phone #