

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 AUG 30 AM 10:36

DOCUMENT # N99000001410

1. Corporation Name

God's Pocket Christian Center, Inc.

600184381056  
08/30/10--01055--001 \*\*131.25

2. Principal Office Address - No P.O. Box #

1232 N. Tamiami Trail

3. Mailing Office Address

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

City & State

N. Fort Myers, FL

City & State

Zip

33903

Country

USA

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/99

5. FEI Number

91-1825478

☐ 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

Virgil Jones

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

1232 N. Tamiami Trail

Suite, Apt. #, Etc.

#7

City

N. Fort Myers

State

FL

Zip Code

33903

600184381056  
08/16/10--01004--025 \*\*175.00

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

*Virgil Jones* VIRGIL JONES

Date 8 13 10

REGISTERED AGENT MUST SIGN

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	Virgil Jones	8109 Bartholomew Dr.	N. Fort Myers, FL 33917
T	Cindy Chapman	3845 Broadway Ave., #2	Fort Myers, FL 33901
S	Nora Carlisle	1064 N. Tamiami Tr., Unit 96	N. Fort Myers, FL 33903

REINSTATEMENT 09-10  
B 8/31/10

10. E-mail Address: GDS 7777 @ prayer 7. Com Cast biz .net

(To be used for future annual report notification)

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. I further certify, 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:

*Cindy Chapman* CINDY CHAPMAN 8-13-10 237-217-88

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #