
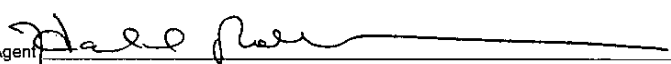
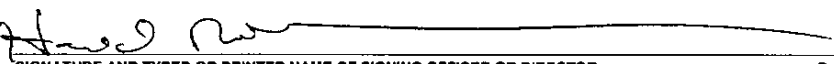


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 JUL 31 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600078483976 08/08/06--01062--019 **253.75 CR2E081 (12/05)	
DOCUMENT # <u>N 99000005236</u>				
1. Corporation Name Southside Christian Charities, inc				
2. Principal Office Address 2627spring glen rd. Suite, Apt. #, etc.		3. Mailing Office Address 2627 Spring glen rd Suite, Apt. #, etc.		
City & State Jacksonville, Florida		City & State florida		
Zip 32207	Country Duval	Zip 32207	Country Duval	
4. Date Incorporated or Qualified To Do Business in Florida September 1, 1999		5. FEI Number 59-3603106		
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Harold Rollinson				
Street Address (P.O. Box Number is Not Acceptable) 2627 spring glen rd				
Suite, Apt. #, Etc.				
City jacksonville		State FL	Zip Code 32207	
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 		Date		
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	
chair	harold rollinson	2627spring glen rd	jacksonville fl.32207	
vicechair	Marsha rollinson	2627 spring glen rd	jacksonville fl.32207	
member	connie martin	1640 old douglas mill rd	abbeville sc.29620	
sec	victor martin	2627 spring glen rd.	jacksonville 32207	
treasurer	johnnie joseph	2627 spring glen rd.	jacksonville 32207	
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: 				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

Dear Sir,

We did not receive a 2003 notice
from your office. we would like to restate
Co.

Handed over