

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 20 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 799000006115

1. Corporation Name

BELIEVERS IN CHRIST CHRISTIAN CENTER, Inc

REINSTATEMENT

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

11565-107 N.Main St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 28718

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

32226

Country

USA

Zip

#32218

Country

USA

CR2E081 (1/07)

00-07

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 15, 1999

5. FEI Number

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

DON E. BERNARD

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

8554 WYNDHURST DR.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32244

☒ 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

Don E. Bernard

REGISTERED AGENT MUST SIGN

Date April 30, 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
D	DON E. BERNARD	8554 WYNDHURST DR.	Jacksonville, Fl 32244
D	GREG HOPKINS	P.O. BOX 281501	NASHVILLE, TN 37228
D	DEBORAH A. BERNARD	8554 WYNDHURST DR.	Jacksonville, Fl 32244
D	ALEX MHUM	60 MASON ST.	Worcester Ma. 01610

700104619557
06/20/07--01038--006 **490.00
700104619557
06/20/07--01038--007 **17.50

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:

Michael Bernard

4-30-07

Date

(904) 908-8858

Daytime Phone #