

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 JUL 11 PM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030232

1. Corporation Name

MEETINGHOUSE AT CHASE MILL, INC.

Handwritten initials

600021966446
08/01/03--01004--008 **758.75

REINSTATEMENT 02-03

2. Principal Office Address

4300 MARSH LANDING BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

3. Mailing Office Address

4300 MARSH LANDING BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 23, 2001

5. FEI Number

59-3707712

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

Corporation Service Company

05/19/02 90028 023

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

1201 Hays Street

\$150.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

07/11/2003

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
D	CHRISTOPHER C. FINLAY	4300 MARSH LANDING BLVD - SUITE 101	JACKSONVILLE, FL 32250

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 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:

Handwritten signature of Christopher C. Finlay

CHRISTOPHER C. FINLAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

6/30/03 (904) 694-1000

Daytime Phone #

CR2E081 (10/02)