

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005334

1. Corporation Name

GLORY INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business

2319 MCCARTY DRIVE
JACKSONVILLE FL 32210

Mailing Address

2319 MCCARTY DRIVE
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1997

5. FEI Number

59-3457858

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	JENKINS, ELWYN W PASTOR	319 MCCARTY DRIVE	JACKSONVILLE FL 32210
VP	JENKINS, Michael	2319 McCARTY DRIVE	JACKSONVILLE FLA 32210
VP	JENKINS, Vivian	2319 McCARTY DRIVE	" " "
TRANS	ALEXANDER, Cheryl	2297 EDISON AVE	JACKSONVILLE FLA 32204
T	JENKINS, Felicia	2319 McCARTY DR.	JACKSONVILLE FLA 32210

8. Name and Address of Current Registered Agent

JENKINS, ELWYN W
2319 MCCARTY DRIVE
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Elwyn W. Jenkins
REGISTERED AGENT MUST SIGN

Date 5/26/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Elwyn W. Jenkins / ELWYN W. JENKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99

(904) 783-3539

CR2540 (9/98)