

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001855**

1. Corporation Name
OAK GROVE BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
 5201 CEDAR POINT RD 5201 CEDAR POINT RD
 JACKSONVILLE FL 32226 JACKSONVILLE FL 32226



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/05/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3532981	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUSTAFSON, ED ED POWELL	19056 SAWPIT RD 5201 Cedar Pt Rd	JACKSONVILLE FL 32226
D	MARTIN, MICKEY Melissa Hayes	1207 ROOSTER SPUR CIRCLE 5201 Cedar Pt Rd	JACKSONVILLE FL 32226
D	MATTHEW, JIM Pastor/Director	4800 CEDAR PT RD	JACKSONVILLE FL 32226

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUSTAFSON, ED 5201 CEDAR POINT RD JACKSONVILLE FL 32226		Name Rev. James Matthews	
		Street Address (P.O. Box Number is Not Acceptable) 4800 Cedar Pt Rd	
		Suite, Apt. #, Etc.	
		City Jacksonville	State FL
		Zip Code 32226	

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. or 617.0505, F.S.

Signature of Registered Agent: James Matthews REGISTERED AGENT MUST SIGN Date: 10/23/02

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 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: James Matthews SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/23/02 Daytime Phone #: 904 757-8133

CR2E040 (8/02)

Document # N96000001855
Oak Grove Baptist Church

11/4/02

Attention: FL Department of State

To whom it may concern:

Here is the necessary information you need to reinstate this business. Please be advised we are requesting for the reinstatement fee to be waived because we did not receive the 2nd rejection letter.

We hope this information is satisfactory.

Sincerely,

Melissa Davis
Oak Grove Baptist
Church of Jacksonville