## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS	
DOCUMENT # 70 1. Corporation Name First Christi	an Church	of Clermont,	O3 OCT -2 PM 3: 09  SECRETARY OF STATE TALLAHASSEE, FLORIDA
	FLORIDA	, Inc.	MECHINOCO
2. Principal Office Address  796 Hook Street 796  Suite, Apt. #, etc.  3. Mailing C		Office Address  Hook Stree*	REINSTATEMENT 03  4. Date Incorporated or Qualified
City & State  Clermont, Zip Country 34711 US	Zip	mont, FL.	To Do Business in Florida  8-16-196  5. FEI Number  59-2181577  Not Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIDED TO \$8.75 Additional Fee require
34711 us	<del></del>	7// USA  Name and Address of Current Registe	y lot a continent of class
Name  JEF  Street Address (P.O. 140 ( Suite, Apt. #, Etc.  City Clerw	Box Number is Not Acceptable)		-7;+le) 200023519202 10/02/03-01077-001 **245.0
	agent of the above named corp	poration, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S.  Date $\frac{9}{28/33}$
		Florida nonprofit corporations must list at I	
	Titles Name of Officers and/or Directors		ton City / State / Zip
DVC Benedict	VC Benedict, Joseph K.		rde Ct. Clermont, FL. 34711
DT Lee, Cleveland B.		10415 FLat Lake	2 Rd Clermont, F1. 34711
D Budrewi	cz, Steven	1433 Whoopin	ng Dr Groveland, FL. 34736
S Creighton	, Richard	8744 Hasson	Ridge Rd Clermont, F1. 34711
D-C French, J	Teff	1401 16+1 Str.	ect Clermont, FL 34711
this reinstatement application, the owed by the corporation have be	he reason for dissolution has bee een paid and the names of indivi ccurate, and my signature shall h	en eliminated, the corporate name satisfic	s provided for in chapter 607 or 617, F.S. I further certify that when filling less the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.  9 9 10 10 10 10 10 10 10 10 10 10 10 10 10