PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

RECEIVED AND FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703485

1. Corporation Name

FEA MINISTRIES, INC.

Principal Place of Business	Mailing Address
11305 S.E. GOMEZ AVENUE HOBE SOUND FL 33455 US	P.O. BOX 1065 HOBE SOUND FL 33475 US

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

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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/22/1962

5. FEI Number: 59-0999157 ☐ Applied For ☐ Not Applicable

6. 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
PD	FRENCH, G.R.	11305 SE GOMEZ AVE	HOBE SOUND FL 33475
D	STETLER, DANIEL	9555 S.E. SUNRISE WAY	HOBE SOUND FL
~~TD~~	~~LAWRENCE, C.A. "SONNY"~~	~~11305 SE GOMEZ AVE~~	~~HOBE SOUND FL 33475~~
CD	PIERPOINT, PAUL	11305 SE GOMEZ AVE	HOBE SOUND FL 33475
D	BRUGGER, GARRY	6469 WESLEYAN CHURCH RD SW	PATASKALA OH 43062
D	GALE, WILLIAM	15006 N. MARY ST.	ELGINBURG IN 46124

11/16

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LAWRENCE, C.A. 11305 S E GOMEZ AVE HOBE SOUND FL 33455	Name: G. R. French Street Address (P.O. Box Number is Not Acceptable): 11305 SE Gomez Ave. Suite, Apt. #, Etc.: 600002695226--1 -11/24/98--01040--013 City: Hobe Sound ****236.25 State: FL Zip Code: 33475

CR2E040 (8/96)

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: C. Lawrence SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-13-98

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: ~~SIGNATURE~~ REQUIRED G. R. French 11/13/98 (561) 546-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #