

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 8:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **704774**

1. Corporation Name

ISLAND MISSIONARY SOCIETY, INC.

REINSTATEMENT *03*



000024850920
 11/19/03--01020--018 **245.00

Principal Place of Business

Mailing Address

P.O. BOX 725
 EPHRATA PA 17522

P.O. BOX 725
 EPHRATA PA 17522

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.		11/06/1962	
City & State		City & State		5. FEI Number	
Zip		Country		59-6159371	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	BURKHOLDER, HARVEY	125-A S. RIDGE ROAD, BOX 173	REINHOLDS PA 17569
TD	BRABAKER, HENRY	411 SPRUCE CIRCLE	MOUNTVILLE PA 17554
D	MERRITT, WILLIAM	17 GLENN SCHOOL RD	SANDY LAKE PA 16145
D	WENGER, PAUL	247 N. REAMSTOWN RD.	DENVER PA 17517
CPD	EARL, GRAY	1070 OVERCREST DR	CROWNSVILLE MD 21032
D	GOOD, N. SANDFORD	932 BUCKWALTER ROAD	LITITZ PA 17593

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLING, DAN
 6733 O'DONIEL LOOP W.
 LAKELAND FL 33809

Name Harvey Z. Burkholder	
Street Address (P.O. Box Number is Not Acceptable) 3610 Duffer Rd.	
Suite, Apt. #, Etc.	
City Sebring	State Zip Code FL 33872

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 *Harvey Z. Burkholder* Date 10-19-03
 REGISTERED AGENT MUST SIGN

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: *Glenda E. Hood* Date 10/19/03 Daytime Phone # 40.923.6595
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (7/03)