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 17 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706952

1. Corporation Name

CBM MINISTRIES, INC.

REINSTATEMENT 03

Principal Place of Business	Mailing Address
160 BEAR LODGE DR TOWNSEND TN 37882	P O BOX 278 TOWNSEND TN 37882

500024743985
11/17/03--01018--027 **61.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/09/1964

5. FEI Number: 59-0662267 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KNAUSS, WAYNE	8117 SHANNON HILLS DR	CORRYTON TN
TD	WHITEHOUSE, MIKE	108 VALLEY VIEW ACRES	MOUNTAIN CITY TN 37683
SD	GUNDERSON, PAUL	37 CORAL COURT	COLONIA NJ 07067
VD	~~EASTMAN, WARREN~~ Smith, Charles	~~13 BUCKINGHAM CIRCLE~~ PO Box 333	~~BELVIDERE NJ 07823~~ Flat Rock AL 35966
D	TRAISTER, JERRY E	~~P O BOX 1784~~ 160 Bear Lodge Drive	~~GATTINBURG TN 37738~~ Townsend ~~37888~~ Tenn 37882
D	BRINSON, SCOTT	600 LAKESIDE CIRCLE	EDMOND OK 73003

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~WELCH, JAMES~~ ~~219 S TENNESSEE AVE~~ ~~LAKELAND FL 33802~~	Name: John Stargel Street Address (P.O. Box Number is Not Acceptable): 2626 Collins Ave, Suite, Apt. #, Etc.: City: Lakeland State: FL Zip Code: 33803

CR2E040 (7/03)

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: [signature] Date: 11/10/03
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: [signature] Jerry E. Traister 11/06/03 865-448 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CBM Ministries, Inc.

Email: cbmnat@aol.com
Web site: www.cbmministries.org
www.tuckaleecheeinn.com

Jerry E. Traister, National Director

November 6, 2003

To whom it may concern:

Thank you for sending us the "Notice of Administrative Dissolution or Revocation"

We have checked our files and have no record of receiving the two prior uniform business report (UBR) notices. Will you please return our corporation to active status? I understand we are to do three (3) things for this to take place.

1. Complete the application for reinstatement..
2. Pay the appropriate U.B.R. filing fee ($61.25)
3. Write this letter.

Thank you for taking care of this matter. If we have neglected some part of the required paper work, please advise us.

In and for Christ,

Jerry Traister

Jerry Traister
CBM National Director