PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 APR 14 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718518

1. Corporation Name
Methodist Hour International, Inc.

200123275892
04/14/08--01049--009 **192.50

REINSTATEMENT CR2E081 (12/07) 06108

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15770 Birmingham Hwy.,		Methodist Hour International	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		PO Box 814	
City & State		City & State	
Alpharetta, GA		Roswell, GA	
Zip	Country	Zip	Country
30004	USA	30077	USA

4. Date Incorporated or Qualified To Do Business in Florida: May 13, 1970

5. FEI Number: 59-1298807 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John L. Wolfe

Street Address (P.O. Box Number is Not Acceptable): 65 Escondido

Suite, Apt. #, Etc.:

City: Altamonte Springs | State: FL | Zip Code: 32701-4566

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: John L. Wolfe — Date: April, 9,2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	John L. Wolfe	2555 Arbor Hill Road	Canton, GA 30115
T/D	James VanVoorhis	421 English Ivy Way	Woodstock, GA 30188-3184
C/D	Robert S. McKinney	11630 Wildwood Springs Drive	Roswell, GA 30075

10. 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 contained in Chapter 119, 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: John L. Wolfe — JOHN L. WOLFE — 4-9-08 — 6784882162

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

B. Mitchell APR 14 2008