PLEASE READ ALE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE 2002 JUL -5 PM 12: 48 720150 DOCUMENT# 1. Corporation Name FIRST METHODIST CHURCH, INC., OF VALPANAISO, FR 100006253751--8 -07/08/02--01028--012 3. Mailing Office Address 2. Principal Office Address 492 VALPARASO PKWY P.O. BOX 207 4. Date Incorporated or Qualified To Do Business in Florida //29/7/ City & State City & State VALPARASO, FL Applied For VALPARATIO, 59-2124400 Not Applicable \$8.75 Additional Fee required USA CERTIFICATE OF STATUS DESIRED [7] 7. Name and Address of Current Registered Agent RichAND Street Address (P.O. Box Number is Not Acceptable) 5 GRANDVIEW Suite, Apt. #, Etc. SHALIMAR AN 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Dir FRANK MAILHES JR 26 HEMLOCK NW FT WALTON BCH, FL 32548

SILDA RICHARDSON 217 DAVIS DRIVE - NICEVILLE, FL 32578

DEBORAH ELLIS 5 GRANDVIEW DR SHALIMAR, FL 32579 PRES. MEAS 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 filling 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: