#306.25 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF atherine Harris etary of State	STATE

DOCUMENT # 730938

1. Corporation Name Archer Presbytenian Church

FILEU JLURETARY OF STATE HIVISION OF CORPORATIONS

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2. Principal Office Address 4/1 Church St.	3. Mailing Office Address P. o. Box 39	****350.00 ****306.25	i M
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida	
City & State Archer	City & State	5. FEI Number Applied For S9 - 6559325 Not Applied be	
31618 Country Alachus	72618 Cour 32618 A	CERTIFICATE OF STATUS DESIRED 2 58.75 Additional Fee requirements for a Certificate of Status	

7. Name and Address of Current Registered Agent				
SALLY W MORRIS		V - 1.1.		
Street Address (P.O. Box Number is Not Acceptable) SY29 SW 915 Terv				
Suite, Apt. #, Etc.				
City Sainesville	State	Zip Code 32608		

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

Date 7/16/60

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director Titles City / State / Zip Officers and/or Directors SALLY W MORRIS gamesville, Fl. 32608 5D 5429 SW 91 ST Terr 2721 SW 4th PI gamesuille, Fl. 32607 DR. E.L. HUNT **ヤり** 14416 SW County Rd 324 Virginia Williams Archer, F1. 32618 too S. Magnolia D 17810 SW 127th Ave 1

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 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:

SALLY W MOKKIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/00 \$352-335 1258

BETHLEHEM PRESBYTERIAN CHURCH 411 CHURCH STREET ARCHER, FLORIDA 32618

July 17, 2000

Re: Letter Number 900A00034787

Mr. Sean Toner

Senior Section Administrator Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Mr. Toner:

We want to thank you very much for helping us reinstate our corporation and making a name change. In your letter dated June 19, 2000 you certainly have made the completion of these forms easier.

We can find no record of receiving the 1996 annual report, therefore as you suggested we are asking that the \$175.00 fee be waived.

Attached is our check for \$350.00 which will cover the attached:

\$306.25 for the annual reports \$ 35.00 for the amendment \$ 8.75. for an certificate

Attached are the following:

Corporation reinstatement document Articles of Amendment Your letter dated June 19, 2000 Our check for \$350.00

If there are any questions, please call the Clerk of the Session, Sally Morris at 352-335-1258.

gain, thanks for your help.

Church Treasurer