


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 14 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 320222

1. Corporation Name
Church Extension of the Church of God, Inc.

REINSTATEMENT 02-04

2. Principal Office Address
1812 E. University Blvd

3. Mailing Office Address
PO Box 2069

Suite, Apt. #, etc.

City & State
Anderson, IN

City & State
Anderson, IN

Zip
46012

Country

Zip
46018

Country

4. Date Incorporated or Qualified To Do Business in Florida
2/8/1967

5. FEI Number
35-0869027

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

9/14/04 01062 017 367 50

7. Name and Address of Current Registered Agent

Name:
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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
[Signature]

Jeffrey R. Graves
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date
9/10/04

CR0201 (01/04)

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	<i>Barry Bentley</i>	<i>1812 University Blvd</i>	<i>Anderson Ind 46012</i>
S	<i>W. Allen Hancock</i>	<i>1812 University Blvd</i>	<i>Anderson, IN 46012</i>
C	<i>Frank Johnson</i>	<i>6100 W Maple</i>	<i>Wichita, KS 67209</i>
D	<i>Dr. William Jones</i>	<i>4212 Alpha St.</i>	<i>Lansing, MI 48910</i>
D	<i>Rev. Bruce Hamilton</i>	<i>PO Box 895837</i>	<i>Leesburg, FL 34789</i>
D	<i>Morris New</i>	<i>509 Sherwood Dr.</i>	<i>Rolla, Mo 65401</i>

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)(f), 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: *W. Allen Hancock*, *W. Allen Hancock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9/10/04

Daytime Phone # *(765)644-2555*

8236