PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -6 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001578

1. Corporation Name

The Church Without Walls of Inverness, Florida, Inc

REINSTATEMENT 03-04

900028413459
02/09/04--01052--015 **236.25

2. Principal Office Address	**3.** Mailing Office Address
4325 S. Little Al Pt.	4325 S. Little AL Pt
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, FL	City & State: Inverness FL
Zip: 34452 Country: USA	Zip: 34452 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/05/02

5. FEI Number: 30-0098311 ☐ 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: Douglas Alexander, Sr.

900028413459
03/09/04--01035--029 **61.25

Street Address (P.O. Box Number is Not Acceptable): 4325 S. Little Al Pt.

Suite, Apt. #, Etc.:

City: Inverness State: FL Zip Code: 34452

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: Douglas Alexander, Sr. Date: 3-22-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
T	Douglas Alexander, Sr.	786 N. Hambeltonian Dr.	Inveness, FL 34453
T	Jeff Hollis	6165 E. King St.	Inveness, FL 34452
T	Tammy Trowbridge	4301 S. Pleasant Grove Rd	Inverness, FL 34452
T	Lynda Simmons	2696 N. Railroad Way	Hernando, FL 34442
T	Willie T. White	5800 E. Arbor Street	Inverness, FL 34452

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: [signature] 1/5/04 352-344-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #