

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -6 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N04000011564*

1. Corporation Name
*The Family of God Ministries
Church Foundation, Inc*

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
130 Madera Dr
Suite, Apt. #, etc.

3. Mailing Office Address
130 Madera Dr
Suite, Apt. #, etc.

City & State
WINTER HAVEN FL USA

City & State
WINTER HAVEN FL USA

Zip
33880 Country
POLK

Zip
33880 Country
POLK

05-07
EP CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida
12/10/2004

5. FEI Number Applied For
 Not Applicable

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

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.
400097385494
*04/18/07--01047--003 **236.25*

7. Name and Address of Current Registered Agent

Name
ENES STACYR

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

Suite, Apt. #, Etc.
130 Madera Drive

City
WINTER HAVEN State
FL Zip Code
33880

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]* Date *04/01/07*
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
Chairman	ENES STACYR	130 Madera Dr	WINTER HAVEN FL 33880
President	ENES STACYR	130 Madera Dr	WINTER HAVEN FL 33880
Vice President	CHRIS MITCHELL STACYR	130 Madera Dr	WINTER HAVEN FL 33880
Secretary	ODETTE DURELAND	302 ARROWROOT RD	WINTER HAVEN FL 33880
Treasurer	ODETTE DURELAND	302 ARROWROOT RD	WINTER HAVEN FL 33880

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: *[Signature]* *04/01/07* *863-223-5099*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #