PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-02

FILED
02 DEC 30 PM 1:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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11/27/02--01035--003 **245.00
09/10/01 90056 040 # 70.00

DOCUMENT # N11063

1. Corporation Name
TRU-WAY CHURCH OF THE RISEN CHRIST, INCORPORATED

W02-35201

2. Principal Office Address		**3.** Mailing Office Address	
7155 Hyde Grove Avenue		2297 Edison Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, Florida		Jacksonville, Florida	
Zip	Country	Zip	Country
32210	Duval	32204	Duval

4. Date Incorporated or Qualified To Do Business in Florida 09/12/1985

5. FEI Number 592585074 — 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: Elwyn W. Jenkins Incorporated

Street Address (P.O. Box Number is Not Acceptable): 7155 Hyde Grove Ave 2297 Edison Avenue

Suite, Apt. #, Etc.:

City: Jacksonville — State: FL — Zip Code: 32210 ~~3220~~

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: Elwyn W. Jenkins — REGISTERED AGENT MUST SIGN — Date: November 25, 2002

CR2E081 (9/01)

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
PD	Elwyn W. Jenkins	7155 Hyde Grove Avenue	Jacksonville, Florida 32210
VT	Eugene Moultrie	6030 Meadow Lane	Jacksonville, Florida 32211
D	Vivian Jenkins	7155 Hyde Grove Avenue	Jacksonville, Florida 32210
TD	John Williams	8639 Haverhill Street	Jacksonville, Florida 32211

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: Elwyn W. Jenkins — Elwyn W. Jenkins — November 25, 2002 — 904-509-2703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #