

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 12 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N48209

1. Corporation Name  
*Corkscrew Island Missions Inc.*

2. Principal Office Address  
*22022 Immokalee Rd*  
Suite, Apt. #, etc.

3. Mailing Office Address  
*same*  
Suite, Apt. #, etc.

City & State  
*Naples FL*

City & State

Zip Country  
*34120 USA*

Zip Country

**REINSTATEMENT** 94-04

4. Date Incorporated or Qualified To Do Business in Florida *4-2-92*

5. FEI Number *---* 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 *Rev. Bobby Klise* *700027609927*  
Street Address (P.O. Box Number is Not Acceptable) *22022 Immokalee Rd* *02/20/04-01028-027 \*\*61 25*  
Suite, Apt. #, Etc.  
City *Naples* State *FL* Zip Code *34120*

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 *Rev. Bobby Klise* Date *1-22-04*  
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
P	Robert L. Klise	22022 Immokalee Rd	Naples, FL 34120
VP	John Crawford	2620 2nd ST, NE	Naples, FL 34120
Sec.	Artis Summeralls	4821 48th Street NE	Naples, Fla. 34120
Tr.	John Crawford	2620 2nd St NE	Naples, FL 34120
Tr.	Shawn Morris	3255 48th ave. N.E.	Naples, FL 34120

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: *Rev. Bobby Klise* *Rev. Bobby Klise* 1-22-04 (239) 348-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (1/02)