PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 26 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N 48470

1. Corporation Name

FORT WALTON BEACH INTERNATIONAL COMMUNITY CHURCH

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
136 BEAL PARKWAY	136 BEAL PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT WALTON BEACH, FL	City & State: FT WALTON BEACH, FL
Zip: 32548 Country: USA	Zip: 32548 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 4/17/1992

5. FEI Number 59-3124292 ☐ 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: NEWMAN, RAYMOND F JR

Street Address (P.O. Box Number is Not Acceptable): 348 MIRACLE STRIP PARKWAY

Suite, Apt. #, Etc.: SUITE 7

City: FT WALTON BEACH | State: FL | Zip Code: 32548

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 _____ Date 7-24-02

REGISTERED AGENT MUST SIGN

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
DP	JEA, JOSHUA S	202 TEXAS ST.	FT WALTON BEACH FL 32548
D	BATTLE, CHU H	3918 SUMMERWOOD CT	NICEVILLE FL 32578
D	TROUT, YONG C	1058 WILLOW LANE	EGLIN AFB FL 32542

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.

$50 -

SIGNATURE: _____ July 24 2002 244-0691

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

FL 2/26/03