

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 AUG 31 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N49184**

1. Corporation Name **THE CHURCH OF JESUS CHRIST OF HOMOSASSA PENNSYLVANIA AVE. INC.**

2. Principal Office Address  
**10340 Pennsylvania Ave.**

Suite, Apt. #, etc.

City & State  
**Homosassa, FL**

Zip Country  
**3494 Citrus**

3. Mailing Office Address

**P.O. BOX 575**

Suite, Apt. #, etc.

City & State  
**Homosassa, FL**

Zip Country  
**34481 Citrus**

**REINSTATEMENT**

**9701**

4. Date Incorporated, or Qualified To Do Business in Florida **06-26-1992**

5. FEI Number  
**59-3429667**

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 **800004573298 -- 1**

Name **Scott Meigs**

**09/06/01-01106-004  
\*\*\*\*490.80 \*\*\*\*490.00**

Street Address (P.O. Box Number is Not Acceptable)  
**8200 W. Trotter Ln.**

Suite, Apt. #, Etc.

City  
**Homosassa**

State Zip Code  
**FL 34446**

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 **Scott Meigs**

Date **05-14-01**

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
<del>President</del> <del>Director</del>	Scott Meigs	8200 W. Trotter Ln.	Homosassa, FL 34446
<del>Vice President</del>	Dale Strickland	W. Oaklawn	Homosassa, FL 34447
<del>Secretary</del>	Melody Meigs	8200 W. Trotter Ln.	Homosassa, FL 34446
<del>Treasurer</del>	Charlotte Ruff	W. Field St.	Homosassa, FL 34447

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: **Scott Meigs**

Date **05-14-01** Daytime Phone # **352-621-0373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)