

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY 25 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/17/01--01089--011  
\*\*\*\*297.75 \*\*\*\*297.75

DOCUMENT # NA3000000079  
1. Corporation Name  
THE CORNERSTONE CHURCH OF FORT PIERCE, INC.

2. Principal Office Address <u>115-A 8<sup>th</sup> STREET</u>		3. Mailing Office Address <u>115-A 8<sup>th</sup> STREET</u>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State <u>FORT PIERCE FLORIDA</u>		City & State <u>FORT PIERCE FLORIDA</u>	
Zip <u>34950</u>	Country <u>US</u>	Zip <u>34950</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>MARCH 8, 1993</u>	
5. FEI Number <u>65-0487666</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>KILICK SAINTIL</u>		<b>REINSTATEMENT</b> <u>2000-01</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1102 HEMLOCK CIRCLE</u>			
Suits, Apt. #, Etc.			
City <u>FORT PIERCE</u>		State <b>FL</b>	Zip Code <u>34947</u>

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 5-15-01  
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
PD	KILICK SAINTIL	1102 HEMLOCK CIRCLE	FORT PIERCE FL 34947
VD	ROMENE SAINTIL	1102 HEMLOCK CIRCLE	FORT PIERCE FL 34947
TD	MARIE YOLENE JEAN	1102 HEMLOCK CIRCLE	FORT PIERCE FL 34947

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)(b), 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] KILICK SAINTIL 5-15-01 561-489-5398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (8/00)