PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 19 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97_00000225 8

REINSTATEMENT 02-03

1. Corporation Name

Fennell Fountain Ministries Inc.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 542155	P.O. Box 542155
~~Suite, Apt. #, etc.~~	~~Suite, Apt. #, etc.~~
City & State: Merritt Island, Fl.	City & State: Merritt Island, Fl.
Zip: 32954-2155 Country: USA	Zip: 32954-2155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/21/97

5. FEI Number: 52-2094141 ☐ 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: Susan Fennell
600019326276
05/19/03--01088--002 **79.95

Street Address (P.O. Box Number is Not Acceptable): 2327 Scotland Road

~~Suite, Apt. #, Etc.~~
600019326276
05/19/03--01088--003 **173.80

City: Cocoa, State: FL Zip Code: 32926

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 X Susan Fennell
REGISTERED AGENT MUST SIGN

Date 04/14/03

CR2E081 (10/02)

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
Pres.	Susan Fennell	2327 Scotland Road	Cocoa, Fl. 32926
V. Pres. and Tresurer and Chaplain			
Sec.	James Hallett	33601 State Route 52	ST. Leo Fl. 33574
Chaplain			
Officer	Robert Fennell	2327 Scotland Road	Cocoa, Fl. 32926

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: Susan Fennell 04/14/03 (407)873-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/23