PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Mar 11, 2002 8:00 am
Secretary of State

CORPORATION REINSTATEMENT

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

01-02 UBI

DOCUMENT # N47000005680

1. Corporation Name
CHRISTIAN FAMILY Worship Center, INC
1110 N.W. Ponce De Leon Dr. Apt. D-2
High Springs, FL 32643

700005140167--0
-03/22/02--01005--004
****122.50 ****122.50

2. Principal Office Address	**3.** Mailing Office Address
	P.O. Box 3187 High Springs, FL 32655
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: High Springs FL 32655
Zip: 32655 Country: U.S.A.	Zip: 32655 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 10-3-97

5. FEI Number: 59-347-1868 — 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: DR. Lloyd S. Williams
Street Address (P.O. Box Number is Not Acceptable): 1110 N.W. Ponce De Leon
Suite, Apt. #, Etc.: APT. D-2
City: High Springs, FL — State: FL — Zip Code: 32643

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: Dr. Lloyd S. Williams — Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D.	DR. Lloyd S. Williams	1110 N.W. Ponce De Leon Apt. D-2	High Springs, FL 32643
D.	Cynthia Washington	P.O. Box 72 Casey Rd.	Olustee, FL 32072
D.	Retha Miller	16473 N.W. 141st ST.	Alachua, FL 32616
T.	Linda Simpson	104 Beech ST.	Live Oak, FL 32064

3/13/20

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: Lloyd S Williams Lloyd S. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHRISTIAN FAMILY WORSHIP CENTER 202

1110 N. W. Ponce De Leon Drive
High Springs, FL 32643

December 19, 2001

Florida Dept of State
Corporate Records
P. O. Box 6327
Tallahasse, Florida 32314

Dear Ms. Harris,

This letter is a request to be reinstated as a corporation. This is the information that was requested, and we do hope that this is adequate.

We understand that the papers were sent out to us for renewal and were returned back to you incomplete. This is because we moved. We moved and followed all the correct procedures for having our mail transferred to our new address, but for some reason our renewal papers did not reach us.

We are sending the amount for renewal and we do apologize for this. We also thank you in advance for cooperating with us. If this information were not adequate would you please inform us of our next process in this matter?

Respectfully Submitted,
Dr. Lloyd S. Williams

Dr. Lloyd S. Williams, Pastor