PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 AM 10:37
TALLAHASSEE, FLORIDA

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03/23/04--01026--018 **367.50

DOCUMENT # N 98000002317

1. Corporation Name

Sonship Christian Fellowship, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1334 Vickers Rd.	1334 Vickers Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Oct 1998

5. FEI Number: 59-3541125 ☐ 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: Tellers, Kurt W.

Street Address (P.O. Box Number is Not Acceptable): 2570 Noble Drive

REINSTATEMENT 03/04

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32312

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: 3/18/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PC	Tellers, Kurt W.	2570 Noble Dr.	Tallahassee, FL 32312
TD	Neal, William H. Jr.	437 Hitson Lane	Quincy, FL 32352
SD	Neal, Charlotte R.	437 Hitson Lane	Quincy, FL 32352
VD	Tellers, Sharon	2570 Noble Dr.	Tallahassee, FL 32312

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: _____ Kurt W. Tellers 3/18/04 850-385-4476

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