PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT |
|------------------------------|
| OCUMENT # |



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

7酮 加 - 4 P 2:28

PREMETARY OF STATE
THILLIAN SEE, FUT JA

704848

2. Principal Office Address - No P.O. Box #

First Presbyterian Church of Lake Worth, Florida, Inc.

| <u> </u> | - | 000156795090 06/04/0901037014 **358.75 |
|-----------------------|---|---|
| ailing Office Address | ł | |
| N. Federal Highway | | CR2E081 (12/08) |
| Apt. #, etc. | | |

| 231 N. Federa | al Highway | 231 N. Federal | Highway | CR2E081 (| (12/08) |
|-------------------------------------|------------------------------------|---------------------------------|--------------------------|--|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| | | | | 4. Date Incorporated or Qualified To Do Business in Florida 11 | /26/1962 |
| City & State | - | City & State | | | · · · · · · · · · · · · · · · · · · · |
| Lake Worth, FI | orida | Lake Worth, Flo | orida | 5. FEI Number 590737880 | Applied Far |
| Zip | Country | Zip | Country | | Not Applicable |
| 33460-3437 | USA | 33460-3437 | USA | 6. CERTIFICATE OF STATUS DESIRED | \$8.75 Additional Fee required for a Certificate of Status |
| | 7. Name and Ad | Idress of Current Registered Ag | gent | | |
| Name | | | | ☐ The reinstatement fee is | s imposed except in |
| Elizab <u>eth</u> | A. Mackin | | | circumstances which the | · · · · · · · · · · · · · · · · · · · |
| Street Address (P.O. 213 N. Federal | Box Number is Not Acc I Highway | :eptable) | | the prior notices. By che are certifying the prio | ecking this box, you |
| Suite, Apt. #, Etc. | | | | received and requestin | |
| City Lake Worth, FI | orida | | State Zip Code 33460-343 | | |
| واخت المساحد | ···· | | | | |

| Signature of Eleabeth Q. Trackin Date 6-2-09 | | tered agent of the above named-serporation, am familiar with and accept the obligations of s | section 607.0505 | or 617.0503, F.S. |
|--|-------------------------------|--|------------------|-------------------|
| Date | Signature of Registered Agent | aluth Q. trackin | Date | 6-2-09 |

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|----------------------------|
| P | Alan Lin | 114 South M. Street, Apt 5 | Lake Worth, Florida, 33460 |
| V | Barbara Pearson | 2650 Boundbrook Blvd., #108 | Lake Worth, Florida, 33406 |
| S/T | Elizabeth A. Mackin | 231 N. Federal Highway | Lake Worth, Florida, 33460 |

REINSTALEM

10.1 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 1 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 what fling 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 tees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR