

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 PM 3:08

KS

DOCUMENT # 706205

1. Corporation Name

Southeast Conference of the Evangelical Covenant Church
OF AMERICA, INC.

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

1553 Virginia Ave Suite 201-B

Suite, Apt. #, etc.

City & State

College Park, GA

Zip

30344

Country

USA

3. Mailing Office Address

1553 Virginia Ave Suite 201-B

Suite, Apt. #, etc.

City & State

College Park, GA

Zip

30344

Country

USA

400183717124
07/27/10--01038--003 **358.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1963

5. FEI Number
59-1824489

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
David Shaw

Street Address (P.O. Box Number is Not Acceptable)
1255 Glen Royal Terrace

Suite, Apt. #, Etc.

City
DeLand

State
FL

Zip Code
32720

REINSTATEMENT 08-10

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

David Shaw

REGISTERED AGENT MUST SIGN

Date 7/22/10

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
CEO	Robert L. Owens	2277 Richmond Dr	Lithia Springs, GA 30122
CFO	Peco Forsman	P.O. Box 191	Silver Hill, AL 36576
SEC	David Shaw	1255 Glen Royal Terrace	DeLand, FL 32720

10. E-mail Address: southeastconf@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Robert L. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2010 400-768-2514

Date

Daytime Phone #