PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700544

1. The First Alliance Church of the Christian and Missionary Alliance of Fort Myers, Florida
4050 Colonial Blvd S E
Fort Myers, Floida 33912

W11971

REINSTATEMENT 94-00

2. Principal Office Address	3. Mailing Office Address
4050 Colonial Blvd S.E.	4050 Colonial Blvd S.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33912 Country:	Zip: 33912 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/1963 SP

5. FEI Number: 59-6514378 ☐ 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: Robert G Short

100003284391-3
-06/12/00--01024--008
****603.75 ****603.75

Street Address (P.O. Box Number is Not Acceptable): 680 Neal Road

Suite, Apt. #, Etc.:

City: Fort Myers, FL 33905 State: FL Zip Code: 33905

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: Robert G. Short Date: 4/24/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P	Robert G Short	680 Neal Road	Fort Myers, FL 33912
S/D	Margie Wicks	11200 Bent Pine Drive	Fort Myers, FL 33913
T/D	Paul K Page	2412 Kent Avenue	Fort Myers, FL 33907
D	Robert Aalderink	425 Hidden Cove Road	N. Fort Myers, FL 33917
D	Benjamin A Gallant	1771 St Clair Avenue, E.	N. Fort Myers, FL 33903

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: Paul K Page 4/24/2000 941-482-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #