PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706606

1. Corporation Name

SEABREEZE UNITED CHURCH, INC.

Principal Place of Business	Mailing Address
501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118	501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118

REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/1963

5. FEI Number: 59-0624455 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	PERRY, CHARLES	50 WOODRIDGE DR	ORMOND BEACH FL 32174
PD	~~WHITNEY, RANDALL DR~~ Sheryl Cook	~~820 INDIGO COURT~~ 8 Mayfield Terrace	~~PORT ORANGE FL 32119~~ Ormond Beach FL 32174
SD	~~BURKS, LUELLA S.~~ Betty Parker	~~465 HOLLYWOOD ST.~~ 2115 S Peninsula Dr	~~ORMOND BCH, FL 00000~~ Daytona Beach, FL 32118
VD	~~SPENGLER, HAROLD W~~ Gordon Butler	~~3047 SOUTH ATLANTIC AVENUE, # 40~~ 4141 Ottowa Lane	~~DAYTONA BEACH SHORES FL~~ Ormond Beach, FL 32174
TD	Diana Simmons	22 Tiffany Circle	Ormond Beach, FL 32174
			100000471903I--2 -12/11/01--01072--021 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

SIMMONS, DIANA
22 TIFFANY CIRCLE
ORMOND BEACH FL 32174

AD

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Diana Simmons Date: 10-23-01
REGISTERED AGENT MUST SIGN

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 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: Charles H Perry 11-11-01 386-677-7249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #