

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708057

1. Corporation Name

Child Evangelism Fellowship of Alachua County, Inc.

2. Principal Office Address

2615 NW 6th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip
32609

Country
USA

3. Mailing Office Address

2615 NW 6th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip
32609

Country
USA

REINSTATEMENT

CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1964

5. FEI Number

59-1000180

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

Steve Carlson

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

2615 NW 6th Street

Suite, Apt. #, Etc.

Suite # E

City

Gainesville

State

FL

Zip Code

32609

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

Steve Carlson Steve Carlson

Date 10/24/06

REGISTERED AGENT MUST SIGN

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
C/D	Steve Summerlin	4014 NW 15th Street	Gainesville, FL 32605
V/D	Troy Blakely	152 NW Seminary Street (PO Box 167)	Micanopy, FL 32667
T/D	Paulette Thomas	4509 NE 18th Trail	Trenton, FL 32693
S/D	Robert Thomas	4509 NE 18th Trail	Trenton, FL 32693
D	Ronald Cole	2236 NW 37th Place	Gainesville, FL 32605
(See attached for additional directors)		900081362459 10/31/06--01026--002 ***490.00	

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 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

Steve Summerlin Steve Summerlin

Date

10/24/06

Daytime Phone #

352-372-3681

Titles	Additional names of officers & directors	Street Address	City/ State/ Zip
D	Karen Cole	2236 NW 37 th Place	Gainesville, FL 32605
D	Carleen Jolly	516 SE 75 th Street	Gainesville, FL 32641
D	Carolyn Eason	1217 NE 25 th Terrace	Gainesville, FL 32641
M	Steve Carlson	12424 NW CR 231	Gainesville, FL 32609