PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 708660

1. Corporation Name
First Presbyterian Church of Lake Alfred, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
515 E. Haines Blvd.	P.O. Box 1107
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: LAKE ALFRED, Fla.	City & State: Lake ALFRED, Florida
Zip: 33850 Country: POLK	Zip: 33850 Country: POLK

4. Date Incorporated or Qualified To Do Business in Florida: Sept. 3, 1987

5. FEI Number: 70-8660631 ☐ 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: Castro, Roland O. REV.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Haines Blvd.

Suite, Apt. #, Etc.

City: Lake ALFRED, State: FL Zip Code: 33850

REINSTATEMENT
09-10 B 8/31/10

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 _____ Date August 26, 2010

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
PRES. + Trustee	David FULLERTON	225 E. Swoope St.	Lake ALFRED, FL. 33850
V-P + Trustee	Bette Biggar	140 W. Haines Blvd.	Lake ALFRED, FL. 33850
SECT. Trustee	Gail Hutchinson	620 N. Pennsylvania Ave	Lake ALFRED, FL. 33850
Treasurer Trustee	George Brownell	1901 Hwy 17/92 #77	Lake ALFRED, FL. 33850
Trustee Dir.	Sally Laurell	P.O. Box 595	Lake ALFRED, FL 33850
Trustee Dir.	Gladys Bieber	329 N. Putter Cir.	Winter Haven, FL 33881

10. **E-mail Address:** 1stpresla@gmail.com
(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: Gail S. Hutchinson - Sec. Corp. 8-26-2010 (863) 956-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #