PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # 7089.	21	O4 NOV 22 PM 1: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
KISSIMMEE CHURCH OF CHRIST, INC.		
		REBUSTATEMENT OU
2. Principal Office Address	3. Mailing Office Address	
921 W. VINE STREET Suite, Apt. #, etc.	921 W. VINE STREET Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida 05//0//1965
City & State K-1551mmEE, Florion	KISSIMMER, Florida	5. FEI Number 59-2375005 Applied For Not Applicable
34741 OSCROLA	Zip Country 34741 OSCEO/A	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name FENDER, RUSSELL L Street Address (P.O. Box Number is Not Acceptable) /2/6 W. PATRICK St, Suite, Apt. #, Etc. City KISSIMMER State Zip Code FL 3474/		
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 1/-/6-0 4 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	/or Director (Florida nonprofit corporations must list at la	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Director	
PD SLOAN, DAVID	3169 CARPENTERS	LANE ST. Cloup, FI 34769
D WRIGHT, CHARLES	0 1747 KINGS HU	y. KISSIMMEE, F/34744
T FENDER, RUSSEL	LL. 800 E. MARTIN	ST. KISSIMMER, FL 34744
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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 filling 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. RUSSRU L. FRNDRIZ SIGNATURE: RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		