

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709350

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.

Principal Place of Business

Mailing Address

FIRST UNITED METHODIST CHURCH, INC
491 E MAIN ST
PAHOKEE FL 33476
US

FIRST UNITED METHODIST CHURCH, INC
491 E MAIN ST
PAHOKEE FL 33476
US

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

FILED
03 NOV 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003

100024772051
11/18/03--01004--003 **236.25

4. Date Incorporated or Qualified To Do Business in Florida **07/23/1965**

5. FEI Number **59-1280911** 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
CD	SIMONSON, DAVID	1081 BACOM POINT ROAD	PAHOKEE FL 33476
D	BAUMGARTNER, STEVE Lynda H- Moss	160 HOMEPLACE COURT 2827 Bacom Point Road	PAHOKEE FL 33476
S	JARRIEL, SANDRA L	540 BACOM POINT ROAD	PAHOKEE FL 33476
D	KELLY, AMY	2176 EAST MAIN STREET	PAHOKEE FL 33476
D	BRANCH, HUGH	2801 BACOM POINT ROAD	PAHOKEE FL 33476
TD	SASSER, FAITH	1548 EAST MAIN ST.	PAHOKEE FL 33476

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SASSER, FAITH
1548 EAST MAIN STREET
PAHOKEE FL 33476

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Signature of Faith Sasser
REGISTERED AGENT MUST SIGN

Date

11/5/03

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)(l), 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:

Signature of Faith Sasser FAITH SASSER 11/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC040 (7/03)