PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUN 12 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709983

1. Corporation Name

MATECUMBE METHODIST CHURCH CORPORATION

W14-33328

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
81831 OVERSEAS HWY.		P O BOX 905	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ISLAMORADA FL		ISLAMORADA FL	
Zip	Country	Zip	Country
33036	USA	33036	USA

4. Date Incorporated or Qualified To Do Business in Florida
11/29/1965

5. FEI Number
59-2340906

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
DONNA M COCKERHAM

Street Address (P.O. Box Number is Not Acceptable)
83201 OLD HWY

Suite, Apt. #, Etc.

City	State	Zip Code
ISLAMORADA	FL	33036

REINSTATEMENT
500260635165
06/12/14--01010--007 **61.25

500260635165
05/27/14--01054--003 **2502.50

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. JUN 12 2014

Signature of Registered Agent _____ Date 5/20/2014 R. HUNT

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
P	DONNA M COCKERHAM	83201 OLD HWY.	ISLAMORADA FL 33036
VP	CAROL MAJORS	130 NAVAJO ST.	TAVERNIER FL 33070
T	JAMES W WINSTEL	52 W PLAZA DE LAGO	ISLAMORADA FL 33036
S	JUDY K WINSTEL	52 W PLAZA DE LAGO	ISLAMORADA FL 33036
D	BORDEN MAKEPEACE	82245 OVERSEAS HWY	ISLAMORADA FL 33036
D	GLENN TAYLOR	75055 OVERSEAS HWY	TAVERNIER FL 33070

10. **E-mail Address:** ISLANANA@AOL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ DONNA M. COCKERHAM, Pres. 5/20/2014 305-451-3464 X 208

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