

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 11: 02

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 710773

1. Corporation Name

IMMANUEL LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

1449 34 STREET NORTH WEST
 WINTER HAVEN FL 33881-8903

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 WINTER HAVEN FL 33881-8903



REINSTATEMENT **00**

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

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1966

5. FEI Number

59-6046582

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
X P	JIM BELL	110 PERRY AVE 2051 Capps Rd	AUBURNDALE FL 33823 Lake Wales FL 33853
V	HOLMES, DAVID	221 LAKE HOWARD DRIVE, SW	WINTER HAVEN FL 33880
T	SCHALLER, MARK Mike Sheffield	702 HEMENWAY DRIVE NE 215 Canal St	WINTER HAVEN FL Auburndale FL 33823
D	KUEHNE, RICHARD G. Jerry Sheaf	3189 AVE. M, N.W. 9033 Woodview Dr	WINTER HAVEN FL Polk City FL 33868
S	REAM, DARRIN	424 GRADY POLK RD SW 4303 Shadow Wood	WINTER HAVEN FL 33880
D	JAENIGEN, ROLF	1314 20TH STREET, NW 900 Howard Terrace NW	WINTER HAVEN FL 33881

8. Name and Address of Current Registered Agent

SCHALLER, MARK
 702 HEMENWAY DRIVE NE
 WINTER HAVEN FL 33881

9. Name and Address of New Registered Agent

Name: Mike Sheffield
 Street Address (P.O. Box Number is Not Acceptable): 1449 34th St NW
 Suite, Apt. #, Etc.:
 City: Winter Haven State: FL Zip Code: 33881

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.

Signature of Registered Agent: *M. E. Sheffield*
 REGISTERED AGENT MUST SIGN

Date: 10/18/2000

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)(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.

SIGNATURE: *M. E. Sheffield*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/18/2000 Daytime Phone #: (863) 683-8352