| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  |                              |                        |           |   |   |  |
|--|------------------------------|------------------------|-----------|---|---|--|
|  | EINSTATEMENT                 |                        |           | DEPARTMENT OF STATE<br>Secretary of State<br>VISION OF CORPORATIONS |   | 16 DEC 13 AM 8:51  |
| DOCUMENT # 714808<br>1. COrporation Name<br>CLEWISTON CHURCH OF CHRIST, INC.   |                              |                        |           |   | ŦĂ  | EDFETARY OF STATE<br>LLANASSEE, FLOPPINA                   |
| 2. Principal Office Address - No P.O. Box# 3. Malling Office Address<br>336 Central Ave P.O. Box 1534<br>Suite, Apt. #, etc. Suite, Apt. #, etc.   |                              |                        |           |   | CR2E081 (11/10)<br>4. Date incorporated or Qualified<br>To Do Business in Floridg   |  |
| CILVA STATE<br>CLEWISTON, FL<br>CLEWISTON, FL<br>CLEWISTON, FL<br>CLEWISTON, State<br>CLEWISTON, STATE<br>COUNTRY<br>STATE<br>COUNTRY<br>STATE<br>COUNTRY<br>STATE<br>COUNTRY<br>STATE<br>CLEWISTON<br>STATE<br>COUNTRY<br>STATE<br>CLEWISTON<br>STATE<br>COUNTRY<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STATE<br>STAT |                              |                        | ISTON, FL |   | 5. FET Number   Applied For     81-4445338   Not Applicable     6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fac required for a Certificate of Status |  |
| 7. Name and Address of Current Registered Agent   Name   FRED R BOSLEY   Street Address (P.O. Box Number is Not Acceptable)   4600 HENDRY ISLES BLVD,   Suite, Apl. #, Etc.   State   CLEW STON   FL 33440   |                              |                        |           |   | 100293297131<br>12/13/1601016026 **2878.75  |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig<br>Signature of<br>Registered Agent Friend R. Bastay<br>REGISTERED AGENT MUST SIGN  |                              |                        |           |   | higations of sect   | lion 607.0505 or 617.0503, F.S.<br>Date <u>//-/7-2.016</u> |
|  |                              |                        |           | ddress of Each  | ast 3 directors)  | Cíty / State / Zip   |
| TO FAL   | Officers and/or Directors    | 4600 Hendry Isles Blud |           | RIN   | Clewiston FL 33440  |  |
| S/D Robe   | Robert SPROUT 176 HICK       |                        |           |   |   |  |
| P/D CIEN   | CIEM GOODE 194 COUNTY RH 720 |                        |           |   |   | CLEWISTON, FI 33440  |
|  |                              |                        |           |   |   | DEC 1 3 2016   |
|  | REINSTATEMENT                |                        |           |   |   | R. HUNT  |
| 10. E-mail Address: <u>PETPATCh1@coliCom</u><br>(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. Turther 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 if a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:   |                              |                        |           |   |   |  |