

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716614

1. Corporation Name

Sports World Ministries, Incorporated

2. Principal Office Address - No P.O. Box #

1919 Post Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indianapolis, IN

City & State

Zip

46239

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name
Lionel Trebilcock

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

350 S. Collier Blvd.

Suite, Apt. #, etc.

Unit 1406

City

Marco Island

State

FL

Zip Code

34145

FILED

07 AUG 29 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

000108787830
08/29/07--01047--003 ***367.50
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/69

5. FEI Number
237073822

Applied For

Not Applicable

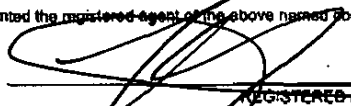
6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date **8-8-07**

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
C	Bruce Eilenberger	180 Blossom Hill Drive	Lancaster, PA 17601
VP	Shereasher McDonald	10812 Green Meadow Pl	Indianapolis, IN 46229
T	Walter Fuchs	321 E. Froest Ave	Wheaton, IL 60187
C	Mike Hockett	2120 Shancrest Hill	Indianapolis, IN 46239
S	Jerry Balswick	417 N. Golden State Blvd.	Turlock, CA 95380

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 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 contained in Chapter 119, 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:

 **Shereasher R. McDonald**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

7/31/07

Date

317-862-7040

Daytime Phone #