

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718105

1. Corporation Name **FORT
OLGA - MYERS SHORES UNITED
METHODIST CHURCH**

2. Principal Office Address **14036 MATANZAS DR.**

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

Zip **33905-2236** Country **USA**

3. Mailing Office Address **14036 MATANZAS DR.**

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

Zip **33905-2236** Country **USA**

FILED

06 SEP 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida **02/06/1970**

5. FEI Number
592422755

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 **JACQUELINE RIPPE**

Street Address (P.O. Box Number is Not Acceptable)
13140 BIRD RD

Suite, Apt. #, Etc.

City **FT. MYERS**

State
FL

Zip Code
33905

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 **Jacqueline Rippe**
REGISTERED AGENT MUST SIGN

Date **9/21/06**

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
DIR	JACQUELINE RIPPE	13140 BIRD RD	FT MYERS, FL 33905
DIR	William C Byrns	9592 Windsor Club Cir.	FT Myers FL 33905
DIR	ED McCOLLUM	13820 RIVER FOREST DR. SE	FT MYERS, FL 33905
			900080187899 09/25/06--01066--002 **358.75

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: **William C Byrns**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/06 **239-694-2777**
Date Daytime Phone #