


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 720383			
1. Corporation Name Free Dom ASSEMBLY CHURCH INC.			
2. Principal Office Address 1154 CORWIN ST.		3. Mailing Office Address 12005 Woodside Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GIBSONTON FL.		City & State Riverview Florida	
Zip 33534	Country Hillsborough	Zip 33569	Country Hillsborough

FILED
06 APR -4 PH 12:59
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 3-1-1971	
5. FEI Number 59-2875960	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Frank Ramey	
Street Address (P.O. Box Number is Not Acceptable) 12005 Woodside Dr.	
Suite, Apt. #, Etc.	
City Riverview	State FL
	Zip Code 33569

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 Frank Ramey		Date 3/28/06	
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/D	FRANK Ramey	12005 Woodside Dr.	Riverview FL 33569
V/D	Mary Ramey	12005 Woodside Dr.	Riverview FL 33569
S/D	DONNA Battram	702 6th ave. SE.	RUSKIN FL 33570
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: Frank Ramey		Date 3/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	