PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 23 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722381

1. Corporation Name
WYATT DRIVE GOSPEL ASSEMBLY, INC.

800184623358
08/23/10--01045--010 **2511.25

74-10 CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1842 Grand Blvd.	1842 Grand Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday, FL	City & State: Holiday, FL
Zip: 34690 Country: USA	Zip: 34690 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/04/1972

5. FEI Number: ☐ 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: Paul Schroder

Street Address (P.O. Box Number is Not Acceptable): 1329 Flotilla Drive

Suite, Apt. #, Etc.:

City: Holiday State: FL Zip Code: 34690

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: Paul Schroder Date: 8-15-10
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
D	Paul Schroder	1329 Flotilla Drive	Holiday, FL 34690
D	William Robinson	8444 15th Way N.	St. Petersburg, FL 33702
C/D	James McCullough	6610 Thoroughbred Loop	Odessa, FL 33556

1584 8/23

10. E-mail Address: robinsons@tampabay.rr.com
(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. 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. 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.

SIGNATURE: James McCullough 8-15-10 813-920-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #