## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <u> </u>   |   |   |        |          |  |  |                                    |                             |                                |
|--|---|---|--------|----------|--|--|------------------------------------|-----------------------------|--------------------------------|
|  | RPORATION<br>STATEMENT                      | FLORIDA DEF<br>Secre<br>DIVISION              | retary | of State | •  | · ·                                    | FILE<br>SECRETARY<br>IVISION OF CO | OF STATE<br>RPORATIONS      |                                |
| DOCUMENT # 723266  1. Corporation Name   |   |   |        |          |  |  | OTED (                             | MI 2. 13                    |                                |
| First Christian Church of Chassahowitzka, CHASSAHOWITZKA FloriDA, INC.   |   |   |        |          | 100065817621<br>02/14/0601016021 **61.25 |  |                                    |                             |                                |
| 2 Principa<br>1127   | 3. Mailing Office A<br>11275 S              | Mailing Office Address<br>1275 S. Riviera Dr. |        |          | CR2E081 (12/05)                          |  |                                    |                             |                                |
| Suite, Apt. #  |   | Suite, Apt. #, etc.                           |        |          |  | orated or Qualified<br>ness in Florida | 04/25/19                           | 972                         |                                |
| Hom  | Homosa                                      | osassa, Florida                               |        |          | 5. EE Wumbs                              | 729773                                 |                                    | oplied For<br>ot Applicable |                                |
| 344485818 ÜSA 34448  |   |   | 18     | ŰŠA      |  |  |                                    |                             | i Fee required<br>te of Status |
| Donald Blaisdell  7838 W. Twin Canal Lane  Suite, Apt. #, Etc.  Fibomosassa  State FL  34448  8. 1, 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 1971 REGISTERED AGENT MUST SIGN  |   |   |        |          |  |  | Date                               | 5/06                        |                                |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each  |   |   |        |          |  |  |                                    |                             |                                |
| Titles   | Officers and/or Directors  Donald Blaisdell | 70  | 020    | Office   | er and/or Director                       | Ţ.                                     |                                    | city/State/Zip<br>          | 34448                          |
| VC   | Herbert Ratcliff                            |   |        |          | Drive                                    | iai Laile                              |                                    | sa, Florida                 |                                |
| S  | George Hassell                              |   |        |          | fford Di                                 | rive                                   |                                    | II, Florida                 |                                |
| T  | Edwin Watson                                |   |        |          | Mesa L                                   |  |                                    | sa, Florida                 | ***                            |
| D  | Robert Carey                                |   |        |          |  |  |                                    | sa, Florida                 |                                |
| D  | Dale Rodgers                                |   |        | -        |  |  |                                    | sa, Florida                 |                                |
| 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #