

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 22 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

728161

1. Corporation Name

LEWELLYN MINISTRIES, INC.

2. Principal Office Address  
3515 Kenilworth Blvd.  
Sebring, FL 33870

3. Mailing Office Address  
3515 Kenilworth Blvd.  
Sebring, FL 33870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 11/30/1973

5. FEI Number

59-1571026

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 99-02

**7. Name and Address of Current Registered Agent**

Name

Jackson, (Andrew B.)

900005432059-4

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

150 N. Commerce Avenue

05/03/02-01007-003

\*\*\*\*428.75 \*\*\*\*428.75

Suite, Apt. #, Etc.

City

Sebring

State  
FL

Zip Code  
33870

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

*Andrew B. Jackson*

Date April 15, 2002

ANDREW B. JACKSON, Attorney at Law, 150 N. Commerce Ave., Sebring, FL 33870

**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	Lee H. Llewellyn	3515 Kenilworth Blvd.	Sebring, FL 33870
S/D	Hazel Ellis	3236 Hollywood Blvd.	Sebring, FL 33872
T/D	John W. Ellis	3236 Hollywood Blvd.	Sebring, FL 33872

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 under section 119.07(3)(i), 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:

*Lee H. Llewellyn*  
LEE H. LLEWELLYN, Pres./Director

4/15/02

(863) 385-4396

Date

Daytime Phone #

**ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.**

**INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION**

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** Type or print principal office address in Block 2.
- Block 3** Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/M/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
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**MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.**

**FEES:**

	PROFIT CORPORATION	NON-PROFIT CORPORATION ✓
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$ 61.25 (for each year dissolved)	\$ 61.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	\$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	<u>\$750.00</u>	<u>236.25</u>

**Fees to Reinstate\* Effective January 1, 2002**

YEAR DISSOLVED	IF A PROFIT CORPORATION	IF A NON-PROFIT CORPORATION
1992	\$2,250.00	\$848.75
1993	2,100.00	787.50
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**Mailing Address:**  
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Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Courier Service Address:**  
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

**Internet Address:**  
<http://www.sunbiz.org>

(850) 245-6059

Hearing/Voice Impaired may  
call (850) 245-6096 (TDD)

\*If dissolved prior to 1992, call 850-245-6059 for filing fee information.

\*Add additional \$8.75 for each certificate of status requested.

LLEWELLYN MINISTRIES, INC.  
1925 HAMMOCK ROAD  
SEBRING, FL 33872-4445

1138

April 15, 2002<sup>19</sup>

63-421/631

PAY  
TO THE  
ORDER OF

Department of State, Division of Corporations

\$ 428.75

FOUR HUNDRED TWENTY EIGHT AND 75/100 DOLLARS



029-001  
231 South Ridgewood Drive  
Sebring, Florida 33870

Reinstatement \$420 & Certif. of Status \$8.75  
FOR LLEWELLYN MINISTRIES, INC.


*Lee H. Llewellyn*

⑈001138⑈

⑆063104215⑆

1293016490⑈

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$226.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728161

1. Corporation Name  
LLEWELLYN MINISTRIES INC.

Principal Place of Business 1925 HAMMOCK RD SEBRING FL 33872-1445 US	Mailing Address 1925 HAMMOCK RD SEBRING FL 33872-1445
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www.sunbiz.org

*Last filed  
Jan 30 '98  
Reinstatement  
(850) 245-6059  
app for Reinstat  
\$50 for  
\$61.25*

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/30/1973 4. FEI Number 59-1571026 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent JACKSON, (ANDREW B.) 150 N. COMMERCE AVENUE SEBRING FL 33870	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LLEWELLYN, DAVID, L. JR 5600 FRITZIE COURT FAIR OAKS CA	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	PD LLEWELLYN, LEWIS 1925 HAMMOCK RD SEBRING FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
STREET ADDRESS	D SHADE, KENNETH L 933 KERRY DRIVE SEBRING FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
CITY-ST-ZIP	D HOLDAMAN, HOWARD 4719 HIBISCUS COURT SEBRING FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE	STD ELLIS, JOHN 4134 SELAH ROAD SEBRING FL	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
STREET ADDRESS		17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
CITY-ST-ZIP		18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
STREET ADDRESS		21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
CITY-ST-ZIP		22 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

Sec. of St.  
Corp (850) 245-6000  
12-27-01

Lee Llewellyn  
H: 402-0380

\*\*\*\*\*

ATTN ANDREW JACKSON

\*\*\*\*\*

12/27/01 CORPORATE DETAIL RECORD SCREEN 3:31 PM  
NUM: 728161 ST: INACTIVE/FL NON-PROF FLD: 11/30/1973  
LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/24/1999  
FEI#: 59-1571026  
NAME : LLEWELLYN MINISTRIES INC.  
NH: 1  
PRINCIPAL: 1925 HAMMOCK RD CHANGED: 01/30/98  
ADDRESS SEBRING, FL 33872-1445 US  
MAILING : 1925 HAMMOCK RD CHANGED: 07/01/92  
ADDRESS SEBRING, FL 33872-1445  
RA NAME : JACKSON, (ANDREW B.)  
RA ADDR : 150 N. COMMERCE AVENUE  
SEBRING, FL 33870  
ANN REP : (1996) BN 06/19/96 (1997) B 02/12/97 (1998) BN 01/30/98

12/27/01 OFFICER/DIRECTOR DETAIL SCREEN 3:32 PM  
CORP NUMBER: 728161 CORP NAME: LLEWELLYN MINISTRIES INC.  
TITLE: D NAME: LLEWELLYN, DAVID, L, JR  
5600 FRETZIE COURT  
FAIR OAKS, CA  
TITLE: PD NAME: LLEWELLYN, LEWIS  
1925 HAMMOCK RD  
SEBRING, FL  
TITLE: D NAME: SHADE, KENNETH L  
933 KERRY DRIVE  
SEBRING, FL  
TITLE: D NAME: HOLDEMAN, HOWARD  
4719 HIBISCUS COURT  
SEBRING, FL  
TITLE: STD NAME: ELLIS, JOHN  
4134 SELAE ROAD  
SEBRING, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----

**ANDREW B. JACKSON**

Attorney at Law  
150 NORTH COMMERCE AVENUE  
P.O. BOX 2025  
SEBRING, FLORIDA 33871-2025

Mailing Address  
P.O. Box 2025  
Sebring, FL 33871-2025

April 19, 2002

Phone (863) 382-3686  
Fax (863) 382-1509  
ajackson@digital.net

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Llewellyn Ministries, Inc. Reinstatement

Gentlemen:

Enclosed please find a check for \$420.00 and \$8.75 for Certification of Status for the non-profit corporation, Llewellyn Ministries, Inc. which was first incorporated to do business in the State of Florida November 30, 1973 and is seeking to be reinstated.


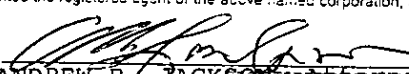
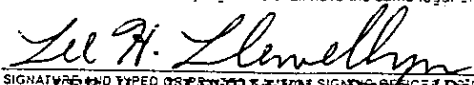
Please contact my office if there are any questions.

Sincerely yours,

  
Andrew B. Jackson

ABJ:b  
Enclosures

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <p style="text-align: center; font-weight: bold;">LLEWELLYN MINISTRIES, INC.</p>			
2. Principal Office Address 3515 Kenilworth Blvd. Sebring, FL 33870		3. Mailing Office Address 3515 Kenilworth Blvd. Sebring, FL 33870	
Suite, Apt. #, etc. <span style="font-size: 2em;">↑</span>		Suite, Apt. #, etc. <span style="font-size: 2em;">↑</span>	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>11/30/1973</b>			
5. FEI Number <b>59-1571026</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for Certificate of Status</b>			
7. Name and Address of Current Registered Agent			
Name <b>Jackson, (Andrew B.)</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>150 N. Commerce Avenue</b>			
Suite, Apt. #, Etc.			
City <b>Sebring</b>		State <b>FL</b>	Zip Code <b>33870</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  Date <b>April 15, 2002</b> <b>ANDREW B. JACKSON, Esq., Attorney at Law, 150 N. Commerce Ave., Sebring, FL 33870</b>			
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	Lee H. Llewellyn	3515 Kenilworth Blvd.	Sebring, FL 33870
S/D	Hazel Ellis	3236 Hollywood Blvd.	Sebring, FL 33872
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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 under section 119.07(3)(i), 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:  <b>LEE H. LLEWELLYN, Pres./Director</b>		Date <b>4/15/02</b> Daytime Phone <b>(863) 385-4396</b>	

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**MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.**

**FEES:**

Reinstatement Fee  
Annual Report Fee  
Corporate Supplemental Fee  
(Profit Corporations only)  
Minimum Amount Due

**PROFIT CORPORATION**  
\$600.00  
\$ 61.25 (for each year dissolved)  
\$ 88.75 (for each year dissolved 1992 forward)  
  
\$750.00

**NON-PROFIT CORPORATION** ✓  
\$175.00  
\$ 61.25 (for each year dissolved)  
N/A  
  
236.25

**Fees to Reinstate\* Effective January 1, 2002**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <p style="text-align: center; font-weight: bold;">LLEWELLYN MINISTRIES, INC.</p>			
2. Principal Office Address 3515 Kenilworth Blvd. Sebring, FL 33870 Suite, Apt. #, etc. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>		3. Mailing Office Address 3515 Kenilworth Blvd. Sebring, FL 33870 Suite, Apt. #, etc. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>	
City & State <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>		City & State <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>	
Zip <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1em;"></span> Country <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>		Zip <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1em;"></span> Country <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>	
4. Date Incorporated or Qualified To Do Business in Florida <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> 11/30/1973			
5. FEI Number <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> 59-1571026			
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 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> Jackson, (Andrew B.)			
Street Address (P.O. Box Number is Not Acceptable) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> 150 N. Commerce Avenue			
Suite, Apt. #, Etc. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>			
City <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> Sebring			
State <span style="border-bottom: 1px solid black; display: inline-block; width: 20px; height: 1em;"></span> FL		Zip Code <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1em;"></span> 33870	
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 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> Andrew B. Jackson, Attorney at Law, 150 N. Commerce Ave., Sebring, FL 33870			
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	Lee H. Llewellyn	3515 Kenilworth Blvd.	Sebring, FL 33870
S/D	Hazel Ellis	3236 Hollywood Blvd.	Sebring, FL 33872
T/D	John W. Ellis	3236 Hollywood Blvd.	Sebring, FL 33872
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 under section 119.07(3)(i), 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: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span> Lee H. Llewellyn, President/Director		Date <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1em;"></span> 4/15/02	
(863) 385-4396		Daytime Phone # <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1em;"></span>	