PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING 证的 FORM.

8	RPORATION STATEMENT	FLORIDA DEPART Katherin Secretary DIVISION OF CO	of State	SEC	PR 22 PM 3: 06 DRETARY OF STATE AHASSEE, FLORIDA	
1. Corpora	JMENT# 72	Y (6) TRIES, INC.	dy		·	
		3 Mailing Office Address		REIN	Stateme	1199-02
3515 Sebci	Renimbersh Blrd. ing, FL 33870	3515 Kenilwor sebring, FL	th Blvd.			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		4. Date Incorp	orated or Qualified ness in Florida 11/30/19	73
City & State		City & State		5. FEI Numbe 59 - 15	r	Applied For Not Applicable
Zip	Country	Zip	Country :	6. CERTIFICATE	OF STATUS DESIRED	5 Additional Fee require a Certificate of Status
		7. Name and Ad	dress of Current Register	ed Agent		
	Street Address (P.O. Box Number is N. Comme	ot Acceptable)			00543205 -05/03/020100 ****428.75 **	
Ì	Suite, Apt. #, Etc.	ve Hvenue		· · · · · · · · · · · · · · · · · · ·	<u> </u>	***************************************
	city Sebring				State Zip Code FL 33870	· ·
8. I, being a Signature of Registered A	gent ANDREW B ACKS	ove named corporation, am fai			nara April 1	5, 2002
9. Names a	and Street Addresses of Each Officer an	d/or Director (Florida nonprofit	corporations must list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Oਜੀcer and/or Director		City / State	/ Zip
P/D	Lee H. Llewellyn .	3515	Kenilworth	Blva.	Sebring, FL	33870
5/D	Hazel Ellis	3230	o Hollywood	Blvd.	Sebring, Fl	
T/D	John W. Ellis	3230	o Hollywood	Blvd.	Sebring, FL	_ 33872
1				ļ		

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.

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

SIGNATURE: SIGNATURE TO THE OF CHEME LAWN SIGNATURE TO THE COLOR

Daytime Phone ≠

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- 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 new 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.)
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- 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/V/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 designated.
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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

S 61.25 (for each year dissolved)

S 88.75 (for each year dissolved 1992 forward)

\$750.00

NON-PROFIT CORPORATION

\$175.00

S 61.25 (for each year dissolved)

N/A

236.25

Fees to Reinstate* Effective January 1, 2002

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YEAR	IF A PROFIT	IF A NON-PROFIT
DISSOLVED	CORPORATION	CORPORATION
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1995	1,800.00	665.00
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1997	1,500.00	542.50
-> 1998	1,350.00	481.25
• 1999	1,200.00	420.00 \$
. 2000	1,050.00	358.75
. 2001	900.00	297.50
. 2002	750.00	236.25

^{*}If dissolved prior to 1992, call 850-245-6059 for filling fee information.

Mailing Address: Department of State Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Courier Service Address: Department of State Division of Corporations 409 East Gaines St.

Tailahassee, FL 32399 Internet Address: http://www.sunbiz.org

(\$50) 245-6059

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

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

LLEWELLYN MINISTRIES, INC. 1925 HAMMOCK ROAD SEBRING, FL 33872-4445 1138

April 15, 2002₁₉

63-421/631

PAY TO THE ORDER O Department of State, Division of Corporations

\$ 428.75

--FOUR HUNDRED TWENTY EIGHT AND 75/100---

DOLLARS



029-001 231 South Ridgewood Drive Sebring, Florida 33876

Reinstatement \$420 & Certif.of Status \$8.75
OR_LLEWELLYN_MINISTRIES, INC.

Let H. Llewelly

..001138

::063104,2151

1293016490#

port filed yan 30, 98 yan 30, 98 Neinstatement 6059 (850) 245 intell app for proportion 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: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # 728161 LLEWELLYN MINISTRIES INC. Principal Place of Business Mailing Address 1925 HAMMOCK RD 1925 HAMMOCK RD SEBRING FL 33872-1445 SEBRING FL 33872-1445 www.sunkiz.org 2. Principal Place of Business 2a. Mailing Address Date incorporated or Qualifi 11/30/1973 26 21 Suite, Act. #. etc. FEI Number Applied For Suita, Apl. #, etc. 59-1571026 Not Applicable 22 City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required 23 \$5.00 May 8e 6. Election Campaign Financing 25 29 30 24 Trust Fund Contribution 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JACKSON, (ANDREW B.) Street Address (P.O. Box Number is Not Acceptable) 150 N. COMMERCE AVENUE 83 SEBRING FL 33870 84 City 25 Zip Code FL 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE MELETE 1 1 TID E Chance ☐ Additio LLEWELLYN, DAVID, L, JR NAME 5600 FRITZIE COURT 13 STREET ADDRESS STREET ADDRESS FAIR OAKS CA City-ST-ZP 14 CHY-51-ZP DELETE Airlit. TIR 6 PD ZIDRE LLEWELLYN, LEWIS 22 NAM 1925 HAMMOCK RD Z 3 STREET AUCHESS STREET ACORESS SEBRING FL CITY ST ZIP 2 4 City-57-29 X DELETE Addilic TITLE 3 I TOTLE SHADE, KENNETH L 933 KERRY DRIVE 3 J STREET ANDRESS STREET ACCHESS SEBRING FL 34 CITY-51-79 CITY-ST-ZIP X CELETE Change Addition: TITLE 4 t TITLE HOLDEMAN, HOWARD MALLE J Z NAME 4719 HIBISCUS COURT STREET ADDRESS 4 3 STREET ADDRESS SEBRING FL 44 CITY-ST-ZP CITY-ST-ZP □ DELETE ☐ Addition STD ELLIS, JOHN NAME 4134 SELAH ROAD 5 3 STREET ADDRESS STREET ADDRESS SEBRING FL 5 4 CITY- 5T 29 CITY-\$1-26 C CELETE 6 1 liftE Change Additio 621MME INNE 6 3 STREET ADORESS STREET ACCRESS 6 4 CITY- ST-ZIP The exemption stated in Suction 119.07(3)(i), Frondo Statutes. I further certify that the information ato and that my signature shall have the same logal effect as if made under ceth, that I em an excite titls report as required by Chaptar 617, Frondo Statutes; and that my name appears in other the proporation. 14. Thereby cortily that the information supplied with this filing does not qualify for the indicated on this annual report or suppliemental annual report is from and according to direction the corporation of the receiver or trusted or unpowered to earlier Block 12 or Block 13 if changed, or on an attachment with an address, with all if

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

SIGNATURE: __ 316441URE TROTTIFEG ON PARKTED HAVE OF SIGNING DIFFEREN ON DIRECTOR Lee Llewellyn H: 402-0380 ATTN ANDREW JACKSON

12/27/01 CORPORATE DETAIL RECORD SCREEN NUM: 728161 ST: INACTIVE/FL NON-PROF FLD: 11/30/1973 3:31 PM

LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT

FLD: 09/24/1999 FEI#: 59-1571026

NAME : LLEWELLYN MINISTRIES INC.

NB: 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 (1997) B 02/12/97 (1998) BN 01/30/98 ANN REP : (1996) BN 06/19/96

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 FRITZIE COURT

FAIR CAKS, CA NAME: LLEWELLYN, LEWIS TITLE: PD

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 SELAH 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 REA	D ALL INSTRU	CTIONS BEFORE	E COMPLE	TING THIS FORM.	
1	DRPORATION NSTATEMENT	Kath Secre	PARTMENT OF STATE erine Harris stary of State of CORFORATIONS		·	
1. Corpo	CUMENT# cration Name . EWE LLYN MINIS	STRIES , IN	ıc.			
Seb	Fal 오픈데 선생하는 Blrd. ring, FL 33870	3. Mailing Office Ad 3515 Kenth Sebring, F	dress Worth Blvd. L 33870			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	\uparrow	4. Date Incorp	porated or Qualified	
City & Stat	e	City & State		To Do Busi 5. F∃I Numbe	ness in Ficrida 11/30/197-	·
Žip	Country	Z _{ip}	Country	59-15	71026	Applied For Net Applicable
				6. CERTIFICATE	OF STATUS DESIRED 58.75 A	dditional Fee requir Certificate of Status
	Name		d Address of Current Registe	ered Agent		
	Jackson , (Ar Street Address (P.O. Sox Number is N	idrew B.)				
	150 N. Comme	evce Avenue				
	Suite, Apt. #, Etc.					
	city Sebring				State Zip Code FL 33870	_
8.), peing	appointed the registered agent of the ab-	ove named corporation, ar	n familiar with and accept the (obligations of section		
Signature of Registered		En-			Date April 15, ce Ave.,Sebrin	2002 9, 33870
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonp	rofit corporations must list at le	east 3 directors)		33070
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	;	City / State / Zip	
P/0	Lee H. Llewellyn	35	15 Kenilworth	Blvd.	Sebring, FL	33870
5/D	Hazel Ellis	32	36 Hollywood		Sebring, FL	
T/D	John W. Ellis	32	36 Hollywood		Sebring, FL	3 3 8 7 2
						j
owed by t	had I am an officer or director or the receivistement application, the reason for dissolite corporation have been paid and the nipolication is true and accurate, and my sig	ames of individuals listed a	. ure composate name satisfies i	ine requirements of	section 307,0401 or 617,0401, F.S section 319,07(3)(i), F.S. The inform	S., that all fees nation indicated
SIGNATU	JRE: LU H. Z	Lewelly BLUYN SIGNPROS	h Firector	4	(863) 385- 15 02 12 Caytime Poor	

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MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

 _	-	٠

Reinstatement Fee Annual Report Fee

Corporate Supplemental Fee (Profit Corporations only)

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PROFIT CORPORATION

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S 88.75 (for each year dissolved 1992 forward)

\$750.00

NON-PROFIT CORPORATION

\$175.00

S 61.25 (for each year dissolved)

N/A

236.25

Fees to Reinstate* Effective January 1, 2002

	es to Reinstate. Effective Januar	y 1, 2002
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1996 1997 → 1998	1,650.00 1,650.00 1,500.00 1,350.00	665.00 603.75 542.50 481.25
, 1999 , 2000 , 2001 , 2002	1,200.00 1,050.00 900.00 750.00	420.00 ÷ 358.75 297.50 236.25

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

Mailing Address: Department of State

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

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	CORPORA		K. Se	DEPARTMENT OF S atherine Harris cretary of State ON OF CORPORATIONS	STATE		
1. Car	CUMEN		ISTRIES , I	ENC.			
2. Prin 35 5e	cipal Office Add	56934 Blrd. =L 33870	3. Mailing Office 3515 Ker Sebring	Address illworth Blvd. FL 33870			
Suite, A	pt. #, etc.		Suita, Apt. #, etc.	1	4. Cate Inc	corporated or Qualified	<u>.</u> 3
Zip		Country	. Zip	Country	5. FEI Nun		App
			7. Name	and Address of Current R		ATE OF STATUS DESIRED	
	L	ackson, (A	Indrew B.)				
	Street Add US Suite, Apt.	dress (P.O. Box Number is 50 N. Comm .#, Etc. Debring	s Not Acceptable) Nevce Avenue			State Zip Code FL 33870	
8. I, bein Signature Registered	Street Add () Suite, Apt. City appointed the	dress (P.O. Box Number is 50 N., Comm	s Not Acceptable) NEVCE AVENUE above named corporation	, am familiar with and accep		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signatura Registara: 9. Name	Street Add Suite, Apt. City G appointed the	dress (P.O. Sex Number is 50 N., Comm. #, Etc. Debring e registered agent of the	s Not Acceptable) NEVCE AVENUE above named corporation SON SERADADAT K and/or Director (Florida n	am familiar with and acceptions and acceptions and acceptions and acceptions must like	50 N. Comme	FL 33870 ction 607.0505 or 617.0503, F.S. Care April 15, erce Ave., Sebring	
Signatura Registara: 9. Name Titles	Street Add	dress (P.O. Box Number is 50 N. Comm #, Etc. Debring e registered agent of the a REW B ACK ddresses Feach Officer a Name of Officers and for Director	above named corporation SON SERADIADAT IN and/or Director (Florida n	am familiar with and acceptions and acceptions and acceptions and acceptions are the composition of the comp	50 N. COmme st at least 3 directors) f Each irector	FL 33870 ction 607.0505 or 617.0503. F.S. Care April 15. City / State / Zip	3, 5
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Signatura Registara: 9. Name Titles	Street Add	dress (P.O. Box Number is 50 N. Comm #, Etc. Debring e registered agent of the adelegation of the adelega	s Not Acceptable) Nevce Avenue above named corporation SON SERADADATA and/or Director (Florida names	am familiar with and acceptions and acceptions and acceptions must like the compositions must be composed to compose and for the composition of th	50 N. COmme st at least 3 directors) f Each irector	FL 33870 ction 607.0505 or 617.0503. F.S. Care April 15. City / State / Zip	3387
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