PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT# 729332 1. Corporation Name Li utheran Church of Providence //C. 2. Principal Office Address - No P.O. Box # 1696 Providence Blvd 3. Majing Office Address 1697 Providence Blvd 1697 Providence Blvd 5. Principal Office Address - No P.O. Box # 1698 Providence Blvd 5. Subs. Apt. #, stc. 4. Date Incorporation Office Address 5. Principal Office Address - No P.O. Box # 1698 Providence Blvd 5. Subs. Apt. #, stc. 4. Date Incorporation Office Address 7. Name and Address of Current Registered Agent 8. I. beling appointed the engalatered signer of the above rearned corporation, an familiar with and accept the obligations of section 607.0006 or 617.0000, p.S. 8. I. beling appointed the engalatered signer of the above rearned corporation, an familiar with and accept the obligations of section 607.0006 or 617.0000, p.S. 8. Signalus of the Address of Each Office Address of Corporation must list at least 3 directors) 9. Name of Officers and/or Director (Protector (Protector Protector Protector Protector) 17. Substantial Protector (Protector Protector Protector) 18. Substantial Protector (Protector Protector) 18. Substantial Protector (Protector Protector) 18. Substantial Protector (Protector Protector) 18. Substantial Protector (Protector) 18. Substantial	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT Secretary of Standard DIVISION OF CORPORA	ate		08 MAR -4 AM 7:18	
2. Principal Office Address - No PO. Box 8 16 96 Providence Blvd Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State Del ton a, FL County 3 2725 USA There and Address of Current Registered Agent Name Paul Rauscher Stree Address PO. Box Number is Not Acceptables) Stree Address PO. Box Number is Not Acceptables FL 32 16 8 8. I. being appointed the negletisered agent of the above named corporation. In marrier with and accept the collegations of section 607 0005 or 617,0003, F.S. Registered Agent Registered				GECRETARY OF STATE TALLAHASSEE, FLORIDA		
Suite, Apt. 8, etc. Suite, Apt. 9, etc. Suite, Ap	Lutheran Church of Providence, INC.				1/5	
City & State Del ton a FL Sep Applied for Applied fo	1696 Providence Blvd 1696 Providence Blva		nce Blud	PEINSTATEMENT 92-08		
City & State Del tona, FL Del t	Suite, Apt. #, etc.	Suite, Apt. #, etc.	ľ		orated or Qualifled	
29 32735 USA 32725 USA 6-CERTIFICATE OF STATUS DESIRED V \$25 A Additional Feat requirement for a Certificate of Strutus 7. Name and Address of Current Registered Agent Name Paul N Rauscher Street Address (P.O. Box Number is Not Accorpable) Surbe, Apt. #. Etc. City New Smyrna Beach FL 32168 8. 1. being appointed the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Registered Agent of the shows ramed corporation, and familiar with and account the collegations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Directors Pace Chester Sylves fer 213 I Swansan Pr Deltona, FL 32.738 Y.P. David Barris 750 Brechner Terr Deltona, FL 32.738 Sec Shari Schmitt 112 Catalina Dr De Bary, FL 32.713 Treas Karen Wholly 178 Brewton Cir Deltona, FL 32.738 10. Locity that I am an officer or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 917, F.S. I further certify that when filing this reinstatement application, the resant of dissolution has been elliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all flows owned by the corporation the same of inchiduation of this fine or or qualify for a new reprison contained in Chapter 119, F.S. The information indicated on this supplication is provided for in chapter 607 or 917, F.S. I further certify that when filing this reinstatement application, the resant of dissolution has been elliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all flows counts to the proposed of the corporation have been paid and the names of individual tool to this from do requiring for a newer plant on chapter 119, F.S. The information indicated on the special paid of the same documents and paid and the names of individual tool to this from documents.	I :	نما ا	_		C 7 71/ Applied For	
Name Paul N Rauscher Street Address (P.O. Box Number is Not Acceptable) Paul Rauschul FEL 32/68 Signature of Registered agent of the above named corporation. an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Rust Signature of Rust Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director Rust Addresses of Each Officer and/or Direc		Zip Country	·	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required	
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Street Address (P.O. Box Number is Not Acceptable) Sto Lake Fairagreen Cir Suite, Apt. #, Etc. City New Smyrna Beach State State Agent State State Size 2ip Code FL 32/68 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 REGISTERIED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officer and/or Director Officer and/or Director Titles Chester Sylves fer 2/31 Swansan Dr Deltona, FL 32738 V.P. David Barris 250 Brechner Terr Deltona, FL 32738 Sec Shari Schmitt III Catalina Dr De Bary, FL 32713 Treas Karen Wholly 178 Brewton Cir Deltona, FL 32738 10.1 ority 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 that when filing this reinstatement application, the reason for dissolution has been administrate, the corporation name satisfies the requirement of section 607,0401 or 617,0401, F.S., that all fees oved by the corporation have been paid and the names of includinals islad on this application is trustile accurate, and my signature that howe the same legal effect as if mode under cath. SIGNATURE: SIGNATURE: Street Address of Each Officer and for Director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. That all fees oved by the corporation have been paid and the names of includinals islad on this form do not qualify for an examption contained in Chapter 119, F.S. The last fees oved by the corporation have been paid and the names of includinals islad on this form do not qualify for an examption contained in Chapter 119, F.S. The last fees oved by the corporation have been paid and the names of includinals islad on this form do not qualify on an examption contained in	Paul N Rauscher			circumstances which the entity did not receive the prior notices. By checking this box, you		
City New Smyrna Beach State Zip Code FEL 32.168 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Per Paul Name of REGISTERED AGENT MUST SIGN Date 2-22-2008 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officer and/or Director Street Address of Each Officer and/or Director City / State / Zip Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip New Chester Sylves fer 2131 Swansan Pr Del tona, FL 32738 V.P. David Barris 750 Brechner Terr Del tona, FL 32738 Sec Shari Schmitt 112 Catalina Dr De Bary, FL 32713 Treas Karen Wholly 1781 Brewton Cir Deltona, FL 32738 10. Lordiy that I am an officer or director or the recolver or trustee empowered to execute this application as provided for in chapter 199, F.S. The information indicated on this application is truefal accurate, and my stockness hall have the same legal effect as if made under cath. SIGNATURE: A Sec. 574.5257 SIGNATURE: A Sec. 574.5257 SIGNATURE: A Sec. 574.5257 State Zip Code Agent and accurate, and my stockness that have the same legal effect as if made under cath.	50 Lake Fairgreen Cir					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent: Per Paul Rauscher Date 2-22-2008				•		
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