

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR -4 AM 7:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 728332

1. Corporation Name

Lutheran Church of Providence, INC.

2. Principal Office Address - No P.O. Box #

1696 Providence Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1696 Providence Blvd

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32725

Country

USA

Zip

32725

Country

USA

**REINSTATEMENT 92-08<sup>ks</sup>**  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

1-23-1974

5. FEI Number

59-1287574

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 W Rauscher

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

50 Lake Fairgreen Cir

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

The reinstatement fee is imposed, except in circumstances which 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.

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

*Rev Paul W Rauscher*  
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Chester Sylvester	2131 Swanson Dr	Deltona, FL 32738
V.P.	David Barris	750 Brechner Terr	Deltona, FL 32738
Sec	Shari Schmitt	112 Catalina Dr	DeBary, FL 32713
Treas	Karen Wholly	1781 Brewton Cir	Deltona, FL 32738

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03/04/08--01025--019 \*\*1050.00

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 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:

*Chester Sylvester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.26.08

386.574.5257

Date

Daytime Phone #