

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 20 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731764

1. Corporation Name

First Assembly of God Church of DeFuniak Springs, Inc.

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

461 Van Buren Ave

Suite, Apt. #, etc.

City & State

DeFuniak Springs FL

Zip

Country

32435

United States

3. Mailing Office Address

890 DR. Roberts DR

Suite, Apt. #, etc.

City & State

DeFuniak Springs FL

Zip

Country

32433

United States

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

592328319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louise Denny

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

2025 State Highway 83

Suite, Apt. #, Etc.

City

DeFuniak Springs

State

FL

Zip Code

32435

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

Louise Denny

REGISTERED AGENT MUST SIGN

Date 09-16-07

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
Decon	Louise Denny	2025 State Hwy 83	DeFuniak Springs FL, 32435
Decon	Kenneth Lorentz	260 Lorentz DR.	DeFuniak Springs FL, 32435
Treasurer	Lisa Betts	290 DR Roberts DR.	DeFuniak Springs FL, 32433
Pastor	Robert L. Bryan	85 Bryan Lane	DeFuniak Springs FL 32435

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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 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:

Robert L. Bryan Robert L. Bryan

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-07

Date

(850) 892-2330

Daytime Phone #