

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JUL 21 AM 10:16

DOCUMENT # 731764

1. Corporation Name
FIRST ASSEMBLY OF GOD CHURCH OF DEFUNIAK SPRINGS, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03

Principal Place of Business Mailing Address
 568 VAN BUREN AVE P.O. BOX 759
 DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433
 US US



000015749950
 04/11/03--01037--004 **236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/29/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-2328319	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$0.75* Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DOTSON, RAINEY	185 G SHORELINE CIR	DEFUNIAK SPRINGS FL
D	SHARPE, KEN	568 VAN BUREN	DEFUNIAK SPRINGS FL 32433
D	LORENTZ, KENNETH	260 LORENZ DR	DEFUNIAK SPRINGS FL 32433
D	LORENZ, JAMES	3567 CTY HWY 280 E	DEFUNIAK SPRINGS FL 32433
D	Denny, Louise	2025 N. Hwy 83	Defuniak Springs FL 32433
S/T	Lorenz, Donna	3567 County Hwy 280 E	Defuniak Springs FL 32435

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LORENZ, JAMES 3567 CITY HWY 280 E DEFUNIAK SPRINGS FL 32433		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 000015749950	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date 03-31-03
 REGISTERED AGENT MUST SIGN

11. 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: **SIGNATURE REQUIRED** Date 03-31-03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (8/02)