

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 18 PM 2:32

DOCUMENT # 732354

1. Corporation Name

CHAPEL MINISTRIES, INC.

2. Principal Office Address

584 S. GREENWAY DR.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32127

Country

U.S.A.

3. Mailing Office Address

584 S. GREENWAY DR.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 3 1975

5. FEI Number

59-1605514

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

VERNADYNE J. FISHER

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

584 S. GREENWAY DR.

Suite, Apt. #, Etc.

City

PORT ORANGE.

State

FL

Zip Code

32127

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

Vernadyne J. Fisher
REGISTERED AGENT MUST SIGN

Date

12/11/06

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 |
|--------|--------------------------------------|---------------------------------------------------|-----------------------------------------------|
| PD | DOUGLAS R. FISHER | 584 S. GREENWAY DR. | PORT ORANGE FL 32127 |
| V.D | VERNADYNE J. FISHER | 584 S. GREENWAY DR. | PORT ORANGE FL 32127 |
| D | HOWARD F. SUDEN | 36019 DRON BAY | BOYNTON BEACH FL 33436 |
| | | | 700082518217 12/18/06--01051--016 **297.50 |
| | | | 700082518217 12/18/06--01051--017 **8.75 |
| | | | |

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:

Douglas R. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/06 386-761-7988
Date Daytime Phone #