PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732858

1. Corporation Name
Action Revival Center

Orginal File Date - 05-28-1975

2. Principal Office Address
134 Washington ST
Suite, Apt. #, etc.

City & State
Lake Placid

Zip 33852   Country USA.   U.S.A

3. Mailing Office Address
P.O. Box 1425-Lake Placid
Suite, Apt. #, etc.

City & State

Zip   Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida   05-28-1975

5. FEI Number   59-1984628   ☐ 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
Callahan Jr. Rev. Major

Street Address (P.O. Box Number is Not Acceptable)
112 Park St.
Suite, Apt. #, Etc.

City
Lake Placid Florida 33852   State FL   Zip Code 33852.

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06/08/06--01006--013 **70.00

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   Major Callahan   Date 5-22-06
REGISTERED AGENT MUST SIGN

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
VPD	Mildred Callahan	112 Park Street	Lake Placid Fla.
SD	Patricia Valentine	121 Franklin Street	Sebring Fla.
TD	Greg Simmon Callahan	120 Morning Star	Lake Placid Fla.
PD	Rev Major Callahan	112 Park Street	Lake Placid Fla.
VT	Donald Jordan	Whiting Street	Avon Park Fla.
Dm	Ernest Porter	109 Washington	Lake Placid Fla

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: Major Callahan - Major Callahan   5-22-06   863-465-6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #