PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 30 PM 3:49

DOCUMENT # 735045

1. Corporation Name

THE CHURCH OF GOD IN CHRIST OF WESTERN FLORIDA INCORPORATED

Principal Place of Business	Mailing Address
C/O BISHOP H. JENKINS BELL P.O. BOX 550037 ORLANDO FL 32855 US	C/O BISHOP H. JENKINS BELL P.O. BOX 550037 ORLANDO FL 32855 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/25/1976

5. FEI Number: 59-2343450 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
BD	BELL, BISHOP H	~~1811 SHELBY AVE~~ 8014 RURAL RETREAT CT.	~~NASHVILLE TN 37206~~ ORLANDO, Fla 32819
BT	BRYAN, HARVEY	1700 NW 27TH TERR	FT. LAUDERDALE FL 33311
BT	NESBITT, SAMUEL	1241 W. 9TH ST.	JACKSONVILLE FL 32209
ET	LEWIS, CHARLES E.	2105 9TH CT. N.E.	WINTER HAVEN FL 33881
ET	WOOTSON, TOMMY	617 SCOTT ST.	CLERMONT L FL 34711
ET	LINGO, JOHNNY	78 ARGOS AVE.	ORLANDO FL 32811

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JENKINS BELL, BISHOP H 1521 S. GADSDEN ST. TALLAHASSEE FL 32301	Name: Bishop H. Jenkins Bell Street Address (P.O. Box Number is Not Acceptable): 8014 Rural Retreat Court Suite, Apt. #, Etc.: 600003492546--5 12/11/00--01002--011 City: Orlando ****236.25 State: FL Zip Code: ****32819

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.

Signature of Registered Agent: H. Jenkins Bell SIGNATURE REQUIRED — Date: _____
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: ~~H. Jenkins Bell~~ / H. JENKINS BELL — 11/27/2000 — 407-295-5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/00)