APPROVE

FILED

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY -1 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIE

DOCUMENT # 737011

1. Corporation Name

Evangelistic Works, Inc

RE:INSTATEMENT 03-06 BSC

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
12925 Palm Beach Blvd	12925 Palm Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Ft. Myers, Florida	Ft. Myers, Florida

Zip 33905	Country Lee	Zip 33905	Country Lee

4. Date Incorporated or Qualified To Do Business in Florida **10/11/1976**

5. FEI Number **59-1752959** — 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 **Bobby Leon Calvert**

Street Address (P.O. Box Number is Not Acceptable)
4461 River Grove Lane

Suite, Apt. #, Etc.

800074337768
05/10/06--01022--004 **245.0**

City Ft. Myers,	State FL	Zip Code 33905

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 _____ *Bobby Leon Calvert* _____ Date 4/27/06
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
Pres/D	Bobby Leon Calvert	4461 River Grove Lane	Ft. Myers, Florida 33905
V.Pres/D	Frank Gott	3290 Knight Ridge Rd.	Bloomington, IN. 47401
Sec/Tres/D	Linda G. Calvert	4461 River Grove Lane	Ft. Myers, Florida 33905

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: _____ *Bobby Leon Calvert* Bobby Leon Calvert 4/27/06 239-694-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #