

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 14 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739892

1. Corporation Name

CHRISTIAN SCIENCE SOCIETY OF OKEECHOBEE
FLORIDA, INC.

Principal Place of Business

Mailing Address

120 SW 6th St.
Okeechobee, FL 34974

P. O. Box 1204
Okeechobee, FL 34973

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

2. New Principal Office Address, if Applicable

14015 N.W. 144th Tr.

3. New Mailing Office Address, if Applicable

P. O. Box 785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida

08-12-1977

5. FEI Number

59-0298612

Applied For

Not Applicable

City & State

Okeechobee, FL 34972

City & State

Okeechobee, FL 34973

Zip

34972

Country

Okeechobee

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Gail Smith	14015 N.W. 144th Tr.	Okeechobee, FL 34972
D	Athleon Alderman	15015 NW Hwy 98	Okeechobee, FL 34972
D	Aletha Barnett	1775 S.W. 16th St.	Okeechobee, FL 34974

800002712058

8. Name and Address of Current Registered Agent

Athleon Alderman
15015 NW Hwy. 98
Okeechobee, FL

9. Name and Address of New Registered Agent

Name
Gail Smith
Street Address (P.O. Box Number is Not Acceptable)
14015 N.W. 144th Trail
Suite, Apt. #, Etc.
City
Okeechobee
State
FL
Zip Code
34972

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

REGISTERED AGENT MUST SIGN

Date June 12, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 1998

Date Daytime Phone #

CP2000 (1/98)

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 064255 10234A

AUTHORIZATION : *Patricia Pruitt*

COST LIMIT : \$ 306.25

ORDER DATE : December 14, 1998

ORDER TIME : 2:31 PM

ORDER NO. : 064255-005

CUSTOMER NO: 10234A

CUSTOMER: Thomas W. Conely, Iii, Esq
Conely & Conely, P.a.
207 N.w. Second Street

Okeechobee, FL 34972-4190

RECEIVED
98 DEC 14 PM 3:31
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: CHRISTIAN SCIENCE SOCIETY
OF OKEECHOBEE FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS _____