

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 30 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

8204

DOCUMENT # 740 392

1. Corporation Name
Campus House of Christian Campus ministry,
Inc.

2. Principal Office Address
20 NW 12th Terrace
Suite, Apt. #, etc.

3. Mailing Office Address
20 NW 12th Terrace
Suite, Apt. #, etc.

City & State
Gainesville FL
Zip 32601 Country USA

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Gainesville FL
Zip 32601 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10-12-1977

5. FEI Number 59 1780058
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 Vaughn Littrop
Street Address (P.O. Box Number is Not Acceptable)
2131 NW 7th St
Suite, Apt. #, Etc.
City Gainesville

200034819242
04/30/04--01019--022 **358 75
State FL Zip Code 32609

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 Vaughn Littrop REGISTERED AGENT MUST SIGN Date 4-27-04

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 |
|--------|-----------------------------------|--|-------------------------|
| DP | Peterson, Art | Rt 1 Box 341 | Lake Butler, FL 326054 |
| DS | Chambers, Mike | 1806 Lago Ct. | St. Cloud, FL 34769 |
| DT | Littrop, Vaughn | 2131 NW 7th St | Gainesville, FL 32609 |
| D | Thomas, Bill | 950 SW 2nd St | Lake Butler, FL 32604 |
| D | Manley, Martin | 4140 Old Mill Cove Tr. E | Jacksonville, FL 32277 |
| D | Smith, Fred | 5495 West Pawnee Dr. | Beverly Hills, FL 34465 |

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 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: Vaughn Littrop SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-26-04 Daytime Phone # 352-870-3558

CR2E031 (01/04)