PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| CORPORATION |
|---------------|
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

| FILED | |
|--------------|----------|
| Sep 13, 2002 | 8:00 A.I |
| Secretary of | |

| : | | Γ# 745405 | | | | | | | | | |
|---|----------------------|---|-------------------------|--------------------|---|---------------------------------------|------------------------------|--|-------------------|--|--|
| 1 | ration Name FAMIL | Y OF GOD CHU | RCH, INC. | | | | | | | | |
| | | | , | | | 1 | | | | | |
| | | • | | | | | | | | | |
| 2. Principal Office Address 3. Mailing Office Address | | | | | | | | | | | |
| | | | | THREE TREES CT. | | | 一门: 米達 | #*122.5 | ∵U1U32- Ո **** | 010 122 50 | |
| | | | Suite, Apt. #, etc. | | | | | | | | |
| 203 | | | 203 | <u></u> | | | rporated or C | Qualified | | | |
| City & State | е | | City & State | City & State | | | 12/28/1978 | | | | |
| ORLANDO, FL Zip Country | | ORLANDO, FL | | | S. FEI Number Applied For Not Applied For Not Applied For | | | | | | |
| 3280 | 07 | ORANGE | 32807 | Country | GE | 6. | | DESIRED | \$8.75 Addition | onal Fee require | |
| e was a second | | en a company de la company de | 7. Name | and Address of | Current Registere | ed Agent | a new second on a subsection | and the state of the streets | ior a Certii | ficate of Status | |
| | Name | | | | - Carrent Registere | eu Agent | | . | - | | |
| | | JEAN K. ress (P.O. Box Number is No | | | | | | | | | |
| | 2 | THREE TREES | | - | | | | | | I | |
| • | Suite, Apt. | | | | | | • | · | | | |
| | 203 City | | | | | | State | Zip Code | <u></u> | _ | |
| | ORLAN | NDO | | | | | FL | 32807 | | | |
| 8. I, being | appointed the | registered agent of the above | e named corporation | , am familiar with | and accept the ob | ligations of sect | ion 607.0505 | and the same of th | F.S. | | |
| Signature of | f | Jean & | | | | | | | | | |
| | | | GISTERED AGENT | | | | | | | | |
| 9. Names | and Street Ad | dresses of Each Officer and | /or Director (Florida n | onprofit corporati | ons must list at lea | st 3 directors) | n en con a val | 7-14 | - 0 dc | to the state of th | |
| Titles | | Name of Officers and/or Directors | | Stree Office | t Address of Each er and/or Director | | | City / | State / Zip | - | |
| PD | TOTH, | JEAN K. | 21 | 16 THREE | TREES CT., | #203 | ORLANI | 00, FL : | 32807 | | |
| VP | mcCle | ellan, Nancy | -D 86 | 14 Linc | olashire | Rd | Jacks | paville | , F/ 3. | 2217 | |
| SEC. | Hinkle | y, Emmett | 1) 311 | 6 5.0 | sceola s | 5⊁ | | be, Fl | - | | |
| Treas. | Short, | Charles - | D 20 | 1 Admi | iral LN | · · · · · · · · · · · · · · · · · · · | Debar | 4 F1 | <u> 32713</u> | | |
| | | , | | | | | | | | | |
| | | | | | ` | | | | | | |
| 10. I certify this rein | that I am an of | fficer or director or the receiv | er or trustee empowe | red to execute thi | s application as pro | ovided for in cha | pter 607 or 6 | | er 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

JEAN K. TOTH

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: