PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 17 AM 9:21

DOCUMENT # 7H5457

1. Corporation Name
CALVARY BAPTIST CHURCH (INDPENDENT) OF CRYSTAL RIVER, INC.

REINSTATEMENT 11-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
257 NE 9TH ST.	224 NW HWY 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER, FL	City & State: CRYSTAL RIVER, FL
Zip: 34423 Country: USA	Zip: 34428 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: DEC. 29, 1978

5. FEI Number: 59-2017360 — 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: CHARLES P. KOFMEHL SR.
Street Address (P.O. Box Number is Not Acceptable): 224 N.W. HWY 19
Suite, Apt. #, etc.:
City: CRYSTAL RIVER
State: FL Zip Code: 34428

600249877156
07/17/13--01033--012 **358.75

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: Charles P. Kofmehl Sr. Date: 7-15-13
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
D	CHARLES P. KOFMEHL SR	224 NW HWY 19	CRYSTAL RIVER FL. 34428
D	Charles D. Robertson	3521 W. Pine Circle	Crystal River FL 34429
D	ELBERT C. HOLDER	1 KANSAS ST.	BEVERLY HILLS, FL. 34465

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Charles P. Kofmehl Sr. 7-15-13 352-302-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 18 2013

T. CAULEY