

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 14 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753787**

WD1-29353

1. Corporation Name

Community Presbyterian Church of Clewiston, Florida
in the United States of America

2. Principal Office Address

40777 Royal Palm Ave

Suite, Apt. #, etc.

3. Mailing Office Address

40777 Royal Palm Ave

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip Country

33440 USA

City & State

Clewiston, FL

Zip Country

33440 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 3, 1965

5. FEI Number

59-2304073

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

Victor Blandford

700004849777-3

-01/31/02--01004--07

Street Address (P.O. Box Number is Not Acceptable)

333 W Artec Ave

*****61.25 *****6.25

700004849777-3

Suite, Apt. #, Etc.

-01/31/02--01004--08

*****542.50 *****542.50

City

Clewiston

State
FL

Zip Code

33440

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 1/3/02

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
V	K.S. Butch Jones	Park Avenue	Thoske Haven, FL 33471
P	Victor Blandford	333 W Artec Ave	Clewiston, FL 33440
S	Kristy Seiler	1409 Shannon Lane	Clewiston, FL 33440
D	Alice Blandford	333 W Artec Ave	Clewiston, FL 33440
D	Curvin Martin	608 S Deane Duff Ave	Clewiston, FL 33440
D	Jim Hanson	706 Bowden Rd	Clewiston, FL 33440

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:

[Handwritten Signature] Kristy Seiler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02
Date

(863) 983-3861
Daytime Phone #

CR2E081 (9/00)