APPLICATION FOR REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 757584 1. Corporation Name CALVARY CHAPEL OF MERRITT ISLAND, INC. Principal Place of Business Mailing Address 500 N COURTEMY PRWY MERRITT ISLAND, INC. Principal Place of Business Mailing Address 500 N COURTEMY PRWY MERRITT ISLAND, INC. Principal Place of Business Mailing Address 500 N COURTEMY PRWY MERRITT ISLAND, INC. Principal Place of Business Mailing Address 500 N COURTEMY PRWY MERRITT ISLAND, INC. Principal Place of Business Mailing Address 500 N COURTEMY PRWY MERRITT ISLAND, INC. Principal Place of Business 11 above addresses are incorrect in any way, free through incorrect winormation and entire correction below. REINSTATEMENT 1. Dide Incorporate of Counter 1. Dide Incorpor			PLEASE REA	D ALL INST	RUCT	IONS	BEFORE C	OMPLET	ING THIS FORM			
CALVARY CHAPEL OF MERRITT ISLAND, INC. Principal Place of Business Mailing Address SSO N COURTEMAY PKWY MERRITT ISLAND R. 2985 If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses are incorrect in any way, line through incorrect information and enter correction below. If above addresses of Current incorrect incorrection and enter correction below. If above addresses of Each Officer and or Customation Fig. 1981 If above addresses of Each Officer and or Customation Fig. 1981 If above addresses of Each Officer and or Customation Fig. 1981 If above addresses of Each Officer and or Customation Fig. 1981 If above address of Current Registered Agent Incorrect in Current Registered Agent Incorrect Incorrection Fig. 1981 If above addresses of Each Officer and or Customation Fig. 1981 If above addresses of Each Officer and or Customation Fig. 1981 If a pet incorrection Fig. 1	APPLICATION FLORIDA FOR PEINSTATEMENT					A DEPARTMENT OF STATE Katherine Harris Secretary of State						
3500 N COURTENAY PKWY MERRITT ISLAND FL 32853 #####236. 25 W###236. 25 ####2363 #####2363 #####2363 ####2363 ######2363 ######2363 #####2363 ######2363 #####2363 ######2363 ######2363 ######2363 ######2363 ##########	1. Corpor	ation Name			ID, INC) .		·	99 NOV - I P	M 4: 33	}	
2 New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 6. CERTIFICATE OF	3500 N COURTENAY PKWY 3500 N COI				JRTENAY PKWY							
City & State Country MERRITT ISLAND FL Country MERRITT ISLAND FL Country MERRITT ISLAND FL Country MERRITT ISLAND FL Country MERRITT ISLAND, FL 00000 Country Country Country MERRITT ISLAND, FL 00000 Country Country Country MERRITT ISLAND, FL 00000 Country Country Country Country MERRITT ISLAND, FL 00000 Country Country Country Country MERRITT ISLAND, FL 00000 Country Country Country Country Country Country Country Country Country MERRITT ISLAND, FL 00000 Country MERRITT ISLAND, FL 00000 Country Country Country Country MERRITT ISLAND, FL 00000 Country Country Country Country MERRITT ISLAND, FL 00000 Country Country Country Country Country Country MERRITT ISLAND, FL 00000 Country Co	New Principal Office Address, If Applicable 3. New Mailir					ng Office Address, If Applicable 4.			ate Incorporated or Qualified			
Country Zip Country Certificate of Status Desired					<u> </u>				r	^		
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip				Zip	Zip Country			CERTIFICATE OF STATUS DESIRED 88.75 Additional Let required for a Certificate of Status				
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip PD WILD,MALCOLM 3500 N. COURTENAY PKWY MERRITT ISLAND FL TD HEIDE, RUDI E. 1328 AUDUBON DRIVE COCOA FL D COY,ROY 335 DUET AVE. MERRITT ISLAND FL SD BISHOP,GERALD 115 SKYLINE BLVD. MERRITT ISLAND, FL 00000 *******************************	7. Names	and Street Ad		and/or Director (Flo	rida nonprol							
TD HEIDE, RUDI E. 1328 AUDUBON DRIVE COCOA FL D COY,ROY 335 DUET AVE. MERRITT ISLAND FL SD BISHOP,GERALD 115 SKYLINE BLVD. MERRITT ISLAND, FL 00000 115 SKYLINE BLVD. MERRITT ISLAND, FL 00000 117/09/99-01068-003		and/or Directors			Officer and/or Director				City / State / Zip			
D COY,ROY 335 DUET AVE. MERRITT ISLAND FL SD BISHOP,GERALD 115 SKYLINE BLVD. MERRITT ISLAND, FL 00000 115 SKYLINE BLVD. MERRITT ISLAND, FL 00000 1109/99D1068003 ****236.25 *****236.25 8. Name and Address of Current Registered Agent Name WILD,MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 Signature of Registered agent of Hills above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registered Agent Date Column Col	PD	WILD,MAL	3500 N. COURTENAY PKWY			-	MERRITT ISLAND FL					
SD BISHOP,GERALD 115 SKYLINE BLVD. MERRITT ISLAND, FL 00000 -11/09/9901068003 ****236.25 8. Name and Address of Current Registered Agent WILD,MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 City State Zip Code FL Signature of Registered Agent Signature of Registered Agent Date 10 / 2 2 / 19	TD	HEIDE, RUDI E.			1328 AUDUBON DRIVE			COCOA FL				
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name WILD,MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 Suite, Apt. #, Etc. City State State State State FL Signature of Registered Agent Date Date 10 / 2 2 / 9 9	D	COY,ROY			335 DUET AVE.			MERRITT ISLAND FL				
####236.25 ####236.25 8. Name and Address of Current Registered Agent WILD, MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 Site Address (P.O. Box Number is Not Acceptable) City State Zip Code FL Signature of Registered Agent Date Date FL Date	SD) BISHOP,GERALD			115 SKYLINE BLVD.			MERRITT ISLAND, FL 00000				
WILD, MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 Suite, Apt. #, Etc. City State FL Signature of Registered Agent Date Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Date	·						·	3	-11/09/99	-01068-	-003	
WILD, MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Market FL Signature of Registered Agent Market FL Date Lo / 2 2 / 19 Date Lo / 2 2 / 19 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 Suite, Apt. #, Etc. City State Zip Code FL 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 Date 10 / 2 2 / 9 9							Name				-	
MERRITT ISLAND FL 32953 Suite, Apt. #, Etc. City State Zip Code FL 2in Code City Date 10 / 2 2 / 9 9							Street Address (P.O. Box Number is Not Acceptable)					
City City State Zip Code FL 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 Date Date	F						Suite, Apt. #. Etc.	<u> </u>				
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 Date 10 / 2 2 / 19 / 2 2 / 2 2 / 19 / 2 2 / 2	MERRI	III ISDANU	FL 32903						Lau			
Signature of Registered Agent Date 10/22/199									(FL	Zip Code		
·	Signature o	of ,	e registered agent of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	QL.	ith and accept the ol	bligations of Secti	Date	2/8	1	

11. Ecertify 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.