




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS		FILED <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 NOV -1 PM 4: 33</b>	
<b>DOCUMENT # 757584</b> 1. Corporation Name <b>CALVARY CHAPEL OF MERRITT ISLAND, INC.</b>					
Principal Place of Business		Mailing Address			
3500 N COURTENAY PKWY MERRITT ISLAND FL 32953		3500 N COURTENAY PKWY MERRITT ISLAND FL 32953			
 <b>REINSTATEMENT</b>					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2093178	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each 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		
			300003039803--3 -11/09/99--01068--003 ***236.25 ***236.25		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
WILD, MALCOLM 3500 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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:  <b>REQUIRED</b> Date: <u>10/22/99</u> REGISTERED AGENT MUST SIGN					
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., 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:  <b>REINSTATEMENT</b> <u>10/20/99</u> <u>321-631-0220</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Rudi E. Heide, Treasurer					