

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

2001 UBR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765839**

1. Corporation Name
**Family Life Association for
Ministry and Education, INC.**

2. Principal Office Address

3215 Horseshoe Trail

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

FL

Country

**LEON
32312**

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32312

Country

4. Date Incorporated or Qualified
To Do Business in Florida

~~7-13-82~~ 11/22/80

5. FEI Number

59-2322969

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

Dr Donald A Dunlap

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

3215 Horseshoe Trail

Suite, Apt. #, Etc.

1118

City

Tallahassee

State

FL

Zip Code

32312

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

Donald A Dunlap

Date

12/11/01

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
Pres	Donald A Dunlap	3215 Horseshoe Trail	Talla, FL, 32312
Tre	Leslie Emhof	1525 Killdeer Cn. Blvd	Talla, FL, 32312
Sec	Brenda Dickinson	1335 Highland Dr.	Talla, FL, 32304

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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:

Donald A Dunlap **Donald A Dunlap** **12/11/01** **850-668-0768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)

Family Life Association for Ministry and Education
3762 Capital Circle NW
Tallahassee, FL 32303
850-562-2782

2002

12/10/01

To Whom It May Concern:

We did not receive our Annual Report through the mail. We had a change of address. Please forgive us for not notifying your office. Please allow us to reinstate our non-for-profit organization.

Sincerely,

765839



Donald A. Dunlap
President