PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
03 OCT 21 PM 3:05

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768834

1. Corporation Name
New Covenant Educational Ministries-FM 88 / WNCM, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
2361 Cortez Road	Law Office William McBride
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	5401 S. Kirkman Rd.#310
City & State	City & State
Jacksonville, FL	Orlando, FL
Zip / County	Zip / County
32246 / Duval	32819 / Orange

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/1983

5. FEI Number: 592445925 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ NOTE: Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Wiley Tomlison

Street Address (P.O. Box Number is Not Acceptable): 12757 Hidden Circle, S.

Suite, Apt. #, Etc.:

City: Jacksonville — State: FL — Zip Code: 32246

10/21/03--01084--001 **297.50
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10/21/03--01084--001 **297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] — REGISTERED AGENT MUST SIGN

Date: October 9, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

	Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(D)	Pres.	Nancy A. Epperson	3780 Will Scarlet Road	Winston-Salem, NC 2710
(D)	Dir.	Stuart W. Epperson, Jr.	4920 Knobview Court	Winston-Salem, NC 2710
(D)	Dir.	Kristine E. McBride	5277 Isleworth C.C. Drive	Windermere, FL 3478

10. I certify that I am an officer or director of 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: Nancy A Epperson — 10/15/03 — 3367657438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/22