PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	ORATIOI	Simmer Later D	S	ecretar	TMENT OF STATE y of State orporations		06	FILED	1 8: 55	
DOCUMENT # 836250 1. Corporation Name									1.1 1.	
Th	ie Pocke	et Testament								
							70006 '03/0601	5184) 047018	047 **42	
2. Principal Office Address 3. Ma				failing Office Address						
11 Toll Gate Road			2929 Lititz Pike			-	CR2E0	81 (12/05)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
P.O. Box 800							orated or Qualified ness in Florida		_	
Cily & State			City & State					<u> 10/4/0</u>		
			•			5. FEI Numbe			Applied F	
Lititz, PA Zip Country			Lancaster, PA			6.	22-1 <u>61625</u>		Not Appli	
· ·	543	USA	17606	I	USA	CERTIFICATE	OF STATUS DESIRE		itional Fee re rtificate of St	
<u> </u>			7. N	ered Agent						
	Name Rick Lackore						1.0/2			
	Street Address (P.O. Box Number is Not Acceptable) 12772 Bramfield Drive						12.1	125/	16	
	Suite, Apt. #, Etc. City									
L		Riverview		,	B B Em Ex 3 La) g g g g kwa v	FL 3 31	169	7	
8. I, being ap	pointed the re	gistered agent of the	уе патес согро	alion, am	familiar with any accept the	obligations of sections	on 607.0505 ar 617	.0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date	12/06		
9 N	ad Stroot Ada-					least 3 directors)				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Ţitles	itles Officers and/or Directors			Officer and/or Director				City / State / Zip		
·C	Roger Hannay			24 CR 412			Westerlo, NY 12193			

Manheim, PA 17545 David Ashcraft 229 North Pointe Drive Ţ ~ T Michael Brickley 212 South Braud Street Lititz, PA 17543 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 turther certify that when filling

155 Pearce Parking

815 Reading Road

40 Sunset Circle

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 contained in Chapter 119, 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:

VC

· T

S

William Barringer

Larry Martin

Ammon Graybill

Pearl River, NY 10965

Terre Hill, PA 17581

Lititz, PA 17543

**428.75

Applied For Not Applicable itional Fee required rtificate of Status



Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Т	Ronald Hoover	126 Winding Way	Lancaster, PA 17602
Т	Robert Kauffman	390 Sarsen Drive	Lititz, PA 17543
Т	Vernon Lovelace	152 Swinomish Drive	LaConner, WA 98257
Т	Elizabeth Mumma	3312 Cochran Drive	Lancaster, PA 17601
Т	Clarence Ritchie	786 Gravel Pike	Palm, PA 18070
Т	Samuel Wagner	1687 Eureka Road	Washington, IL 615710