

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000001597					
1. Entity Name RESTORATION CHRISTIAN FELLOWSHIP, INCORPORATED					
Principal Place of Business 1136 PLANT ST, SUITE 100 WINTER GARDEN, FL 34787			Mailing Address 8235 Chatham Pointe Ct. Orlando, FL 32835		
2. Principal Place of Business 1136 Plant St. Suite 100 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8235 Chatham Pointe Ct. <small>Suite, Apt. #, etc.</small>		FILED 05 FEB 14 AM 11:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
City & State Winter Garden FL		City & State Orlando FL		4. FEI Number 11-2978832	
Zip 34787		Country Orange		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUTIE, RICHARD 8235 CHATHAM POINTE COURT ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Richard S. Routie</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>02-09-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CP	NAME ROUTIE, RICHARD			<input type="checkbox"/> Delete	
STREET ADDRESS 8235 CHATHAM POINTE COURT	CITY-ST-ZIP ORLANDO, FL 32835				
TITLE DS	NAME BROWN, NICHOLE			<input type="checkbox"/> Delete	
STREET ADDRESS 83-19 CORNISH AVE.	CITY-ST-ZIP ELMHURST, NY 11373				
TITLE DT	NAME PRINCE, NICOLE			<input type="checkbox"/> Delete	
STREET ADDRESS 105-45 133RD ST.	CITY-ST-ZIP RICHMOND HILL, NY 11419				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				SIGNATURE <u>Des. Richard S. Routie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
DATE <u>02-09-05</u>				Daytime Phone # <u>407-877-9980</u>	