

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 JUL 23 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000603

1. Corporation Name

Christian Appalachian Project, Inc.

2. Principal Office Address - No P.O. Box #

322 Crab Orchard St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lancaster Ky

City & State

Zip

40444

Country

Garrard

Zip

Country

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

4. Date Incorporated or Qualified  
To Do Business in Florida

1964

5. FEI Number

61-0661137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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08/01/07--01038--016 \*\*663.75

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

Carol Record

Carol Record  
Assistant Secretary

Date 6/15/07

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
P	William Mills	322 CRAB ORCHARD ST	LANCASTER, KY 40444
V	Carol Sue Sword	322 CRAB ORCHARD ST	LANCASTER, KY 40444
T	Greg A Mink	322 CRAB ORCHARD ST	LANCASTER, KY 40444
S	Gloria Jordan	322 CRAB ORCHARD ST	LANCASTER, KY 40444
REINSTATEMENT 06/07 RH			

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 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:

Carol Sue Sword

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-07

Date

Daytime Phone #

06/20/07 01038002  
236.25

CR2E081 (1/07)