

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT# F96000005487

1. Corporation Name

CHRISTIAN RESEARCH & FELLOWSHIP,
INC.

000023341750
09/25/03--01074--024 **8.75

000023341750
09/25/03--01074--023 **150.00

2. Principal Office Address

3551 SCENIC HWY. 98

3. Mailing Office Address

P.O. BOX 489

Suite, Apt. #, etc.

#4A

Suite, Apt. #, etc.

City & State

DESTIN, FL 32541

City & State

DESTIN, FL

Zip

32541

Country

U.S.

Zip

32540

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1996

5. FEI Number

58-2060152

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

JOHN D. HENDRICKS

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

3551 SCENIC HWY. 98 #4A

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32540

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-22-03

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
DCP	JOHN HENDRICKS	3551 SCENIC HWY. 98 #4A	DESTIN, FL 32541
ST	ROCHELLE HENDRICKS	3551 SCENIC HWY 98 #4A	DESTIN, FL 32541

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:

[Signature]

ROCHELLE HENDRICKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-03

Date

850 218 0464

Daytime Phone #

CR2E081 (10/02)

9/25

Christian Research and Fellowship, Inc.
Post Office Box 489
Destin, Florida 32540

Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

September 22, 2003

Dear Sir or Madam:

We did not receive the Uniform Business Report this year. I called your office today and was told that the postal service returned the report to you undelivered and therefore late fees and reinstatement fees would be waived.

Enclosed are a reinstatement form and a check for \$150, as well as a check for \$8.75 for a certificate of status. Please note our current address above and on the form.

Sincerely,



Rochelle L. Hendricks
Secretary Treasurer