

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 14 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F98000000372
Christian Reformed World
Relief Committee

2. Principal Office Address

2850
Kalamazoo AVE. SE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Grand Rapids, MI.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/02

5. FEI Number

38-1708140

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

NRAI Services, Inc.

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

526 E. PARK AVENUE

Suite, Apt. #, Etc.

City

Tallahassee

State

Zip Code

FL

32301

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

Sue Brodtmann

Date

5-19-03

REGISTERED AGENT MUST SIGN

Sue Brodtmann

ASST. SECRETARY

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 |
|--------|--------------------------------------|---|--------------------|
| BP | Van Ess-Dykema, Carol | 2850 Kalamazoo AVE SE | Grand Rapids, MI. |
| T | Wassink, Paul | same as above | " " |
| S | Gueis, Greg | same as above | " " |
| P | Ryskamp, Andy | same as above | " " |
| VP | Woodnorth, Terry | same as above | " " |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW RYSKAMP

Date

May 22, 03

Daytime Phone #

616-224-0791

CR2E081 (10/02)