PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

01 JAN 24 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800003623918--6
-02/02/01--01021--013
****306.25 ****306.25

DOCUMENT # F 98000003558

1. Corporation Name

SHEPHERDS OF CHRIST MINISTRIES, INC.

(taxpayer ID# 31-1623215)

2. Principal Office Address		**3.** Mailing Office Address	
2919 Shawhan Road		2919 Shawhan Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Morrow, OH		Morrow, OH	
Zip	Country	Zip	Country
45152	U.S.	45152	U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 6-22-98

5. FEI Number: 61-1275118 ☐ 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: Emily Lehrter

Street Address (P.O. Box Number is Not Acceptable): 3083 Kapok Kove Drive

REINSTATEMENT 2000-01

Suite, Apt. #, Etc.:

City: Clearwater | State: FL | Zip Code: 33759

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: Emily L. Lehrter — Date: 1-16-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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/D	John D. Weickert	5761 Windermere Lane	Fairfield OH 45014
V/D	Steve Lehrter	612 Maple Drive	Reading OH 45215
S/D	Mary Ann Mackey	4643 Joana Place	Cincinnati OH 45238
T/D	Michael Arlinghaus	11723 Schmidt Lane	Walton KY 41094
D	Melanie Noe	6007 Pineview Lane	Cincinnati OH 45247

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.

John Weickert, President 12/28/00 (513) 702-1800

SIGNATURE: John Weickert, President — 12/28/00 — (513) 702-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #