


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N0000001850</i>					
1. Corporation Name Church in the Pines, Inc.					
2. Principal Office Address 93 Orange Street			3. Mailing Office Address 93 Orange Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State St. Augustine, Florida			City & State St. Augustine, Florida		
Zip 32084	Country United States	Zip 32084	Country United States	4. Date Incorporated or Qualified To Do Business in Florida. 03/22/2000	
5. FEI Number 59-3637828				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Ronald W. Brown					
Street Address (P.O. Box Number is Not Acceptable) 93 Orange Street					
Suite, Apt. #, Etc.					
City St. Augustine			State FL	Zip Code 32084	100050453131 09/08/05--01039--001 *358.75
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.					
Signature of Registered Agent _____ Date 08/30/2005 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	
Pres	John Regan	3970 Flagler Estates Blvd		Hastings, Florida 32145	
V-P	David Raymond	8 Blasdel Court		Palm Coast, Florida 32137	
Sec	Joyce Dupont	Post Office Box 847		Hastings, Florida 32145	
Treasur	Doris Boone	9640 Huskens Ave		Hastings, Florida 32145	
REINSTATEMENT					
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: _____				08/30/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CREEM1 (01/00)