

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 13 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N000000002787**

1. Corporation Name
The Church of God at Tallahassee Corporation

2. Principal Office Address
1222 Lucy Street

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32308

Country
Leon

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3642957

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 *Esther France Burns* **200005600192--6**
Street Address (P.O. Box Number is Not Acceptable) *1222 Lucy Street* **-05/23/02--01009--024**
Suite, Apt. #, Etc. ******306.25 ****306.25**
City *Tallahassee* State **FL** Zip Code **32308**

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 *Esther France Burns*

Date *April 30, 2002*

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
<i>President</i>	<i>Esther France Burns</i>	<i>1222 Lucy Street</i>	<i>Tallahassee, FL</i>
<i>Vice President</i>	<i>Johnnie M. Burns Slaton</i>	<i>"</i>	<i>"</i>
<i>Secretary</i>	<i>Gregory John Slaton</i>	<i>"</i>	<i>"</i>
<i>Treasurer</i>			

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: *Esther France Burns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002

Date Daytime Phone #

CR2E081 (9/01)