

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N00000004681

1. Corporation Name

EASTSIDE VINEYARD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

2156 FIRESTONE CT.  
OVIEDO FL 32765

2156 FIRESTONE CT.  
OVIEDO FL 32765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/17/2000

5. FEI Number

59-3656296

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MCDONALD, KELLY	2156 FIRESTONE CT	OVIEDO FL 32765
DST	PLATE, APRIL	<del>409 SUMMIT RIDGE PLACE #117</del> 417 Summit Ridge Pl #117	LONGWOOD FL 32779
DVP	McDonald, Stephanie	2156 Firestone Ct	Oviedo, FL 32765

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDONALD, KELLY  
2156 FIRESTONE CT  
OVIEDO FL 32765

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Kelly McDonald*  
REGISTERED AGENT MUST SIGN

Date

10/29/03

11. 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:

*April Plate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03  
Date

407 921-0310  
Daytime Phone #

CR2E040 (7/03)