

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG -6 PM 2:35

DOCUMENT # N00000005667

1. Corporation Name

Mission Evangelism of Northwest Florida, Inc.

800159329598
08/06/09--01049--005 **245.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

3570 Beagles Street

3. Mailing Office Address

3570 Beagles Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32514

Country

United States

Zip

32514

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

5. FEI Number
59-3673425

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
David Shofner

Street Address (P.O. Box Number is Not Acceptable)
3570 Beagles Street

Suite, Apt. #, Etc.

City
Pensacola

State Zip Code
FL 32514

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Shofner

Date August 04, 2009

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
S	Myra Sims Shofner	3570 Beagles Street	Pensacola, Florida, 32514
D	Recho Bell	621 S. Sellers Drive	Milton, Florida, 32570
D	Jerry H. Smith	105 Kingston Drive	Slidell, La., 70458
P	David Shofner	3570 Beagles Street	Pensacola, Florida, 32514

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 contained in Chapter 119, 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:

David Shofner David Shofner
08/04/2009

Date

Daytime Phone #

850-474-9381