

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 JAN 23 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N00000008133**

1. Corporation Name

Donnie Legg Evangelistic Association, Inc.

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

2150 N. Highway A1A

3. Mailing Office Address

2150 N. Highway A1A

Suite, Apt. #, etc.

Unit #209

Suite, Apt. #, etc.

Unit #209

City & State

Indialantic, FL

City & State

Indialantic, FL

Zip

32903

Country

USA

Zip

32903

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2000

5. FEI Number  
593686413

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

Donnie Legg

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

2150 N. Highway A1A

Suite, Apt. #, Etc.

Unit #209

City

Indialantic

State

FL

Zip Code

32903

☐ 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

Date

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
D	Donnie Legg	2150 N. Highway A1A, Unit #209	Indialantic, FL 32903
D	Myrue Spivey	1878 Glenwood Street, NE	Palm Bay, FL 32907
D	James Burks	2339 Myla Lane	Melbourne, FL 32935

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-09

Date

321-543-3978

Daytime Phone #

1/22/09