PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000380

1. Corporation Name
The Seaside Interfaith Chapel, Inc.

REINSTATEMENT 02-03

500016393305
04/21/03--01053--008 **297.50

2. Principal Office Address	**3.** Mailing Office Address
582 Forest Street	PO Box 4936
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Seaside Branch
City & State	City & State
Seaside FL	Santa Rosa Beach FL
Zip / Country	Zip / Country
32459 / USA	32459 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/18/01

5. FEI Number: 62-1845745 ☐ 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: Susan Livingston

Street Address (P.O. Box Number is Not Acceptable): 83 Sky High Dune Drive

Suite, Apt. #, Etc.:

City: Santa Rosa Beach | State: FL | Zip Code: 32459

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: Susan Livingston — REGISTERED AGENT MUST SIGN — Date: 04/01/03

CR2E081 (10/02)

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
P/D	C Patrick Roberts	2111 Two Ponds Lane	Tallahassee FL 32312
VP/D	Charles H Renfroe	2976 North Expressway	Griffin GA 30223
S/D	Holly Speight	209 Ruskin Place	Santa Rosa Beach FL 32459
T/D	Sarah Reinhard	414 North Ride	Tallahassee FL 32303

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: Holly Speight — 4.16.03 — 850.231.3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 4/23