PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			FILED	
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 OCT 17 PM 1: 17	
DOCUN 1. Corporation	MENT # NO \OO	000///8	SECRETARY OF STATE TALL/MASSEE, FLORIDA	
200	orney Fellow	ship Church, Inc		
2. Principal Office Address 3. Ma		3. Mailing Office Address	TEMSTATEMENT 03	
4531 Waterside Pointe Cir		^ ` ~	like and a second of the secon	
• • • • • • • • • • • • • • • • • • • •		Suite, Apt. #, etc.		
		1	4. Date Incorporated or Qualified To Do Business in Florida	
City & State		City & State	7-12-7001	
00/20	Do. FL	Orlando, FL	5. FEI Number Applied For Not Applicable	
Zip	Country	Zip	6	
27870	x 105A	32878 1058	CERTIFICATE OF STATUS DESIRED (\$\infty\$) (\$8.75 Additional Fee required for a Certificate of Status	
	Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code			
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 10-13-03  REGISTERED AGENT MUST SIGN				
9. Names an	d Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at	t least 3 directors)	
Titles	Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct		
9,	David Boxter	+531 hoterside	Pointe Cit Orlando, FL 32829	
0 3	Sussell Pape.	4433 Waterside	Pointe Cir Orbado, FL 32829	
D 2	Zyan McIst	rice 4313 Waterside Pa	2/16 Cir Orlando, FL 32829	
D B	rad Grainge	20390 Pacin	e. 54. Orbodo, FL 32833	
	•			
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date				



October 10, 2003

## To Whom It May Concern:

We never received any paper work from the Florida Department of State this year, and we did not realize that we were late in filing anything. It was only when we checked online that we realized that our corporation had been placed on inactive status.

I talked with someone in the Division of Corporations and they told me that I needed to send this letter along with the Corporation Reinstatement Form and a check for \$61.25. All these items are enclosed,

Sincerely,

Russell Pope

Executive Pastor

Journey Fellowship Church