

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000002543

1. Corporation Name

The Church at Reedy Lake, INC.

2. Principal Office Address

324 Hawk Branch Ad. ← same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Burnsville, NC

City & State

NC Burnsville

Zip

28714

Country

USA

Zip

28714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-01

5. FEI Number

59-3708881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John L. Bennett

500046928565
02/21/05--01025--014 **122.50

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

651 Dulcimer Lane

Suite, Apt. #, Etc.

City

Frostproof

State
FL

Zip Code

33843

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

John L. Bennett
REGISTERED AGENT MUST SIGN

Date 12/4/04

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
PRES	John L. Bennett	651 Dulcimer Lane	Frostproof, FL 33843
SECTREAS.	Kathryn L. Bennett	324 Hawk Branch Road	Burnsville, NC 28714
V. Pres.	Benjamin L. Crawford	132 Woodhall Drive	Mulberry, FL 33860

300043220353
12/06/04--01067--009 **245.00

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:

Kathryn L. Bennett (Kathryn L. Bennett) 12/4/04 828-284-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (01/04)