

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


08 OCT -3 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100136608231
10/03/08--01042--008 **367.50

REINSTATEMENT 03-08^{KS}

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000004903
1. Corporation Name
Sanderson Christian
Revival Center Inc.

2. Principal Office Address - No P.O. Box # <u>Rt. 1, 3680</u>		3. Mailing Office Address <u>PO Box 31</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Glen St. Mary, FL</u>		City & State <u>Raiford, FL</u>	
Zip <u>32040</u>	Country <u>US</u>	Zip <u>32083</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>Yes 7/2001</u>	
5. FEI Number <u>59-3710357</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Nancy Griffiths

Street Address (P.O. Box Number is Not Acceptable)
15540 NE 264 Lane

Suite, Apt. #, Etc.

City
Raiford

State
FL

Zip Code
32083

☒ 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 Nancy Griffiths Date 10-2-2008

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
<u>DT</u>	<u>Marvin Griffiths</u>	<u>15540 NE 264 Lane</u>	<u>Raiford, FL 32083</u>
<u>D</u>	<u>Helen Hutcheson</u>	<u>14509 SW 75 Trail</u>	<u>Lake Butler, FL 32054</u>
<u>D</u>	<u>Julie Manning</u>	<u>10332 NW Cr. 225</u>	<u>Starke, FL 32091</u>
<u>D</u>	<u>Samantha Mabrey</u>	<u>13787 NE 262 Loop</u>	<u>Raiford, FL 32083</u>
<u>D</u>	<u>Shirley Henderson</u>	<u>22511 NW Cr 235</u>	<u>Lake Butler, FL 32054</u>

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: Julie Manning Date 10-2-08 904-449-2761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #