

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -7 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000004975

1. Corporation Name

Waypointe Fellowship, Inc.

REINSTATEMENT 02-03

600026173916

01/06/04--01062--027 \*\*306.25

2. Principal Office Address

2432 S. Ferncreek Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 541611

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

Orange

Zip

32854

Country

Orange

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/01

5. FEI Number

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

Derek Worthington

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

2432 S. Ferncreek Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

12/21/03

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
VP	Michael Middleton	866 Nottingham Street	Orlando, FL 32806
Sec.	James McGinn	1935 Westpointe Circle	Orlando, FL 32835
Treas.	Jacob Schrimsher	1012 W. Yale St.	Orlando, FL 32804
Pres.	Derek Worthington	2432 S. Ferncreek Ave.	Orlando, FL 32806

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEREK WORTHINGTON

Date

12/21/03

Daytime Phone #

407-466-9956

CR2E081 (10/02)