

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 11 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000005691**

1. Corporation Name

**GREATER SEARING ADVENTIST EDUCATIONAL RADIO,
INC.**

2. Principal Office Address

P.O. Box 3327

Suite, Apt. #, etc.

City & State

SEBRING, FL

Zip

33871-3327

Country

USA

3. Mailing Office Address

6125 ORDUNA DR.

Suite, Apt. #, etc.

City & State

SEBRING, FL

Zip

33872

Country

USA

REINSTATEMENT

**02-04
MRD**

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/8/01

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

TERRY COURSEY

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

6125 ORDUNA DR.

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33872

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

Terry Coursey

REGISTERED AGENT MUST SIGN

Date **2-10-04**

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.	TERRY L. COURSEY	6125 ORDUNA DR	SEBRING, FL 33872
Sec.	RALPH PUTERBAUGH	DECEASED - 2003	
Treas.	HELEN PUTERBAUGH	325 W. PEABODY CIRCLE	AVON PARK, FL 33826
Member	BILL BISHOP	325 W. PEABODY CIRCLE	AVON PARK, FL 33826

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:

Terry Coursey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

863-381-3671

Daytime Phone #

CR20381 (9/01)