

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 SEP -5 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

N02000001958

SOUTHERN CHRISTIAN LAYMEN, S  
MINISTRIES, INC.

2. Principal Office Address

2198 N.E COACHMAN RD

3. Mailing Office Address

Suite, Apt. #, etc.

#155

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

FL

Zip

33765

Country

Zip

Country

PINELLAS

100079716241

09/12/06--01031--007 \*\*8.75

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/19/2002

5. FEI Number

03-0412574

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

DR. VINCE HUDSON

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

2338 ELLA PL

Suite, Apt. #, Etc.

#B

City

CLEARWATER

State

FL

Zip Code

33765

100079716241

09/12/06--01031--005 \*\*13.00

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

*Dr. Vince Hudson*

REGISTERED AGENT MUST SIGN

100079716241

09/12/06--01031--006 \*\*8.75

**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
P	DR. VINCE HUDSON	2338 ELLA PL #B	CLEARWATER, FL33765
S	DR. VINCE HUDSON	2338 ELLA PL #B	CLEARWATER, FL33765
VP	DR. JOHN HANSON	2189 COACHMAN	CLEARWATER, FL33765
T	BISHOP PETER ELLIS	2189 NE COACHMAN	CLEARWATER, FL#33765
D	BISHOP EDDIE L. MITCHELL	2198 NE COACHMAN	CLEARWATER, FL33765
D	BISHOP PETER BAILEY	2198 NE COACHMAN	CLEARWATER, FL33765

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.

DR. VINCE HUDSON ASSOCIATES PASTORIAL COORDINATOR

SIGNATURE:

*Dr. Vince Hudson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/2006  
Date

Daytime Phone #

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SOUTHERN CHRISTIAN LAYMEN'S MINISTRIES, INC.  
2198 N.E. COACHMAN RD. #155  
CLEARWATER, FL 33765

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8/31/2006

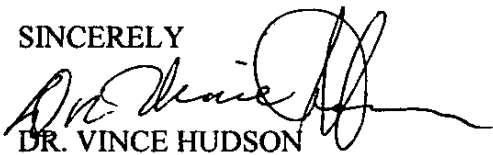
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

RE: DOCUMENT #N02000001958  
REINSTATEMENT

DEAR SIR/MADAM,

WE ARE ASKING THE STATE TO WAVE ALL FILING FEES FOR THE YEAR  
2003 TO REINSTATE THE CORPORATION, BECAUSE WE DID NOT RECEIVED  
A ANNUAL NOTICE  
PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$245.00 FOR BACK  
FEES FROM 2003 TO 2006

SINCERELY

  
DR. VINCE HUDSON  
TREASURER  
727-643-5547

#245. Filing Fees  
8.75 For Certificate of Status