

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
- Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 13 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N2000001958 / **N02 000001958**

1. Corporation Name

SOUTHERN CHRISTIAN LAYMEN, S
MINISTRIES, INC.

2. Principal Office Address

2198 N.E COACHMAN RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#155

City & State

CLEARWATER

City & State

Zip

33765

Country

Zip

Country

PINELLAS

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

REINSTATEMENT 03-07

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

REGISTERED AGENT MUST SIGN

600088200236
02/13/07--01017--001 **360.00
Date

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	CLERASWATER, FL 33765
S	DR. VINCE HUDSON	2338 ELLA PL #B	CLEARWATER, FL 33765
VP	REV. DR. JOHN HANSON	2189 COACHMAN	CLEARWATER, FL 33765
T	BISHOP PETER ELLIS	2198 COACHMAN	CLEARWATER, FL 33765
D	BISHOP EDDIE L. MITCHELL	2198 COACHMAN	CLEARWATER, FL 33765
(D)	(D) BISHOP RALPH P. BAILEY	2198 COACHMAN	CLEARWATER, FL 33765

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/2007

Daytime Phone #

727-643-5575

Per Put Bailey
2/13/07