


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
06 NOV 17 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004430

1. Corporation Name

Rejected Stone Full Mission
Non-Denominational Christian Church

400081834704
11/17/06--01013--003 **428.75

2. Principal Office Address

300 S. Mellonville Ave

Suite, Apt. #, etc.

3. Mailing Office Address

300 S. Mellonville Ave

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6.10.2002

5. FEI Number

59-3411406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081(12/05) 03-06

7. Name and Address of Current Registered Agent

Name

Benjamin Adams Jr.

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

232 Clydesdale Circle

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

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

[Signature]

Date 11.15.06

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
Secretary	Rachel Gattlin	P.O. Box 470553	Lake Monroe, 32747
Deceased Director	Margaret Jackson	P.O. Box 684	Osteon FL 32764
Director/ Deacon	FREDRICK THOMPSON	1002 S SCOTT AVE	SANFORD FLA 32771
Director/ VP	Rozella Fields	P.O. Box 1201	Sanford Fla 32772
Director/ President	Benjamin Adams Jr.	232 Clydesdale Circle	Sanford, FL 32773
	<i>[Signature]</i>		

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]

11.15.06 407-547-8707