PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				OLFEBI 8 AM 8:33 SECRETARY OF STATE FALLAHASSIE FLORIDA			
DOCUMENT # N02000005416 1. Corporation Name					24. C. 11L//4		
Ocean: A Non-Denominational Church of Jesus Christ, Inc.							
·				PE	RENSTATEMENT 03-09		
0044 = " 0 . = .			Office Address x 120592		700029021647 02/18/0401034026 **131.25		
Suite, Apt. #	t, etc.	Sulte, Apt. #, etc.					
City & State		City & State	City & State		Date Incorporated or Qualified To Do Business in Florida 7/17/02		
Winter Garden Zip Country		Clermont		5. FEI Number 30-0095266		Applied For Not Applicable	
34787	USA	34712	Country USA	6. CERTIFICATI	E OF STATUS DESIRED S8.75 A	dditional Fee required Certificate of Status	
	7. Name and Address of Current Registered Agent						
	Charles Cooper Street Address (P.O. Box Number is Not Acceptable) 2214 Tall Oak Drive Suite, Apt. #, Etc. City Winter Garden State Zip Code 34787						
					FL 34787	(01/04)	
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 Pate Pate Pate Pate Pate Pate Pate Pat							
Registered Agent Pate 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		
Pre	-Charles Cooper		2214-Tall Oak Drive		Winter Garden, FL 34787		
VPre	Renaut van der Riet	4078 0	4078 Greystone Drive		Clermont, FL 34711		
Sec/Tr	Sondra K. Jones-Cooper	2214 T	2214 Tall Oak Drive		Winter Garden, FL 34787		
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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 filling 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 Date Date Date Dayline Phone #							

Daytime Phone #

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

In a recent phone conversation with a person located in your office, I was instructed to send in a reinstatement request explaining why we failed to submit a Uniform Business Report along with a check for \$122.50.

After some research, I have determined that I was incorrectly instructed concerning whether a church is responsible to file this particular document. I specifically called about this matter and was told that Ocean Church did not have to file the Uniform Business Report. I was also told and did receive notification that our church was not liable for payment of Unemployment Compensation taxes.

I am fully prepared to pay the cost of making this matter right, however, money is short and if it is possible us to pay the above stated amount and file the appropriate forms, we are full ready to do so. If this matter cannot be resolved without paying more, please charge remaining amount to Visa #4388543023444808 with expiration of 10/06. I am also including \$8.75 for a Certificate of Status.

In Him,

Charles Cooper