PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -3 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N02000006222**

1. Corporation Name

THE FLORIDA FAITH-BASED ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2006 NE 8 RD OCALA FL 34470	PO BOX 819 OCALA FL 34478-0819

REINSTATEMENT 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

N02000006222

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/2002

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

THE FLORIDA FAITH-BASED ASSOCIATION, INC

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DECASTRO, BERNIE	PO BOX 819	OCALA FL 34478
DP	EDWARDS, STEVE	85 SW 52 AVE	OCALA FL 34474
DV	CURINGTON, DAN	2652 NE 24 ST	OCALA FL 34470
D	KLEIN, H. RANDOLPH	333 NW THIRD AVE	OCALA FL 34475
DST	RUTTENBUR, JEFF	PO BOX 3340	BELLEVIEW FL 34421

2006 NE 8 RD
OCALA FL 34470
PO BOX 819
OCALA FL 34478-0819
08/15/2002

300029751073
03/03/04--01026--012 **306.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent
D DECASTRO, BERNIE	PO BOX 819	Name: OCALA FL 34478
DECASTRO, BERNIE 2006 NE 8 RD OCALA FL 34470		Street Address (P.O. Box Number is Not Acceptable):
DP EDWARDS, STEVE	85 SW 52 AVE	Suite, Apt. #, Etc.: OCALA FL 34474
DV CURINGTON, DAN	2652 NE 24 ST	City: OCALA FL 34470 State: FL Zip Code:

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

D	KLEIN, H. RANDOLPH	333 NW THIRD AVE	OCALA FL 34475
DST	RUTTENBUR, JEFF	PO BOX 3340	BELLEVIEW FL 34421

Signature of Registered Agent: _____ Date: 2/24/2004

REGISTERED AGENT MUST SIGN

11. 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.

DECASTRO, BERNIE
2006 NE 8 RD
OCALA FL 34470

PO BOX 819
85 SW 52 AVE
2652 NE 24 ST

SIGNATURE: _____ 2/24/2004 352-351-1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #