


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # N02000009510

1. Corporation Name

FMBCMinistries of Seffner, Inc.

6720 C.R. 579 North

2. Principal Office Address

6720 C.R. 579 North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Zip

33584

Country

US

Zip

Country

**FILED**  
05 JAN -4 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida 12/09/2002

5. FEI Number

20-1544213

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

James D. Robinson

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

145 Butler Road

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33584

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

*James D. Robinson*  
REGISTERED AGENT MUST SIGN

Date

11/30/04

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	Larry D. Lewis	6720 C.R. 579 North	Seffner, FL 33584
VP	James D. Robinson	6720 C.R. 579 North	Seffner, FL 33584
S	English Bradshaw	6720 C.R. 579 North	Seffner, FL 33584
T	Sharon L. Jackson	6720 C.R. 579 North	Seffner, FL 33584

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 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:

*James D. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/2004

Date

(813) 635-9664

Daytime Phone #

CR20081 (01/04)

OK to add Feitt per Howard McKnight, CPA mhm 1/1/05