PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL -2 A 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/02/10--01035--006 **306.25

DOCUMENT # N03000006589

1. Corporation Name
North End Community Church of Molino

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5630 Hwy 196	PO Box 175
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Molino- FL	City & State: Molino FL
Zip: 32577 Country:	Zip: 32577 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7-28-03

5. FEI Number: 81-0591517 ☐ 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: Tony Schachle

Street Address (P.O. Box Number is Not Acceptable): 5630 Molino Rd

Suite, Apt. #, Etc.:

City: Molino State: FL Zip Code: 32577

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: Tony Schachle Date: 6-28-10
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
P	Tony Schachle	5630 Molino Rd	Molino FL 32577
V	Alan Purvis	9575 Hwy 99 S.	McDavid FL 32568
S	Paul Kelly	220 Oreo Ln	Molino FL 32577

REINSTATEMENT
09-10

10. **E-mail Address:** Alan@HydraService.net
(To be used for future annual report notification)

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. I further certify, 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: Alan R. CALAN PURVIS 6-27-2010 251-747-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #