

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07 JAN 29 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/05/07--01003--015 **192.50

REINSTATEMENT
CR2E081 (12/05) 05-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000000059

1. Corporation Name
Ponte Vedra United Methodist Church, Inc.

2. Principal Office Address 35 Executive Way Suite, Apt. #, etc. Suite 130 City & State Ponte Vedra Beach, FL Zip 32082		Country St. Johns		3. Mailing Office Address 35 Executive Way Suite, Apt. #, etc. Suite 130 City & State Ponte Vedra Beach, FL Zip 32082		Country St. Johns	
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4. Date Incorporated or Qualified To Do Business in Florida 12/31/2003	
5. FEI Number 20-0547559	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
James E. Larsen

Street Address (P.O. Box Number is Not Acceptable)
1628 Merroway Lane

Suite, Apt. #, Etc.

City
Ponte Vedra Beach

State
FL

Zip Code
32081

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 E. Larsen Date 1-24-07

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
Trustee	John P. McEvoy, Jr.	440 Clearwater Drive	Ponte Vedra Beach, FL 32082
Trustee	Charles J. Sanders	105 Plantation Circle S.	Ponte Vedra Beach, FL 32082
Trustee	John H. Morris	106 Muirfield Drive	Ponte Vedra Beach, FL 32082

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: Charles J. Sanders 1/24/07 904-273-9993

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

B. Mitchell JAN 29 2007

2072



PONTE VEDRA
*United Methodist
Church*

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

January 19, 2007

To Whom It May Concern:

We recently discovered that our church's corporation status had gone inactive for failure to file our annual report. We did not receive the annual report notices and respectfully request the reinstatement fee be waived.

Enclosed please find our application for Corporation Reinstatement and a check in the amount of \$192.50. This will cover three years of annual report fees and the fee for a Certificate of Status.

Sincerely,

The Reverend D. Jeffrey Bennett
Pastor

N04000000059

Registered Agent