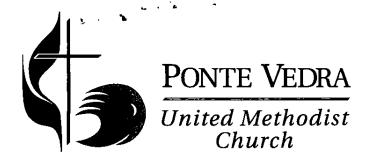
RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 JAN 29 AM 10: 51 SECRETARY OF STATE
DOCUMENT # NO 4000000059 1. Corporation Name		SECHETARY OF STATE FALLAHASSEE, FLORIDA
Ponte Vedra United Methodist Church, Inc.		000087202940 02/05/0701003015 **192.50
2. Principal Office Address	3. Mailing Office Address	DEINSTATEMENT
35 Executive Way	35 Executive Way	CR2E081 (12/05) 05 07
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite 130	Suite 130	4. Date Incorporated or Qualified To Do Business in Florida 12/31/2003
City & State	City & State	5. FEI Number Applied For
Ponte Vedra Beach, FL	Ponte Vedra Beach, FL	20-0547559 Not Applicable
32082 St. Johns	32082 St. Johns	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status
7. Name and Address of Current Registered Agent		
James E. Larsen		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #. Etc.		
Ponte Vedra Beach State PL 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 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 Director	Street Address of Eac Officer and/or Directo	
Truster John P. McEvoy	, Jr. 440 Clearwater	Drive Ponte Vedra Beach, FL 32082
Trustee Charles J. Sande		
Truster John H. Marris	106 Muinfield Dr	ive 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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 legal effect as if made under oath.		
SIGNATURE: Charles - Signature and typed on sported made of signing officer or director Deb Dayline Prone #		
SIGNATURE AND TYPED OR STATED NAME OF SIGNING OFFICER OR DIRECTOR Date Destrict Phone #		





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 Réverend D. Jeffrey Bennett

Pastor

NU4000000059

Jame & Jansen Registanted Agent