PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 2007 OCT 29 AH 8: 23 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # № 04000 11441 Plant City Church of God, Inc. REINSTATEMENT 05-07 700111463737 10/29/07--01069--003 **183.75 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address P.O. Box Mud CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 12/8/2004 City & State City & State \$8.75' Additional Fee required for a Certificate of Status 33566 33563 USA USA 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in Robert circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 2103 are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Due to -State Zin Code Incorrect mailing address FI 33566 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 Date 10-25-07 Registered Agent EGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip P. Herrin Mud Lake Rd Plant City, Fr 33566 2103 2103 Mud Lake Rd Plant City, FL 33566 Mudlake Rd. Plant City, FL 33566 Colkmire 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 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. 10-25-87 SIGNATURE: (