2007 NOT FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N05000001816 07 JUL 24 PH 1: 44 LARRY SHARLEY INSTITUTE OF EVANGELISM, INC. THAT I BY STATE Principal Place of Business Mailing Address 12501 OLD COLUMBIA PIKE 12501 OLD COLUMBIA PIKE SILVER SPRIGNS, MD 20904 SILVER SPRIGNS, MD 20904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12501 Old Columbia Pike 12501 Old Columbia Pike 0716 REINSTATEMENT (1/07/6-Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 20904 Silver Springs Silver Spring, MD 20-2447490 MD 20904 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 20904 Fee Required 20904 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN MEAD SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 800 N MAGNOLIA AVE STE 1500 ORLANDO, FL 32803 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DEAN MEAD SERVICES, Jane D. Callahan, Vice Pres. 07/20/07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS See Attachment listing directors CITY-ST-ZIP CITY-ST-ZIP and officers TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 50 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ther like empowered by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; an Halvard Thornson 301.680.6404

Daytime Phone #

LARRY SHARLEY INSTITUTE OF EVANGELISM, INC. Florida Document Number N05000001816

Attachment to 2007 Not-For-Profit Corporation Reinstatement

11. Additions/Changes to Officers and Directors

Title:

D/C

Name:

Ray Hamblin

Street Address:

109 E. Logan St.

City/State/Zip:

Tecumseh, MI 49286

Title:

D/S

Name:

Halvard B. Thomsen

Street Address:

12501 Old Columbia Pike Silver Spring, MD 20904

City/State/Zip:

Title:

D

Name:

Jack Blanco

Street Address: City/State/Zip:

8832 Finney Point Dr. Ooltewah, TN 37363

Title:

D

Name:

Michael Cauley

Street Address:

1225 Golf Point Loop

City/State/Zip:

Apopka, FL 32712-2174

Title:

ח

Name:

Gary Gibbs

Street Address: City/State/Zip:

12501 Old Columbia Pike Silver Spring, MD 20904

Title:

D

Name:

Don Gray

Street Address:

13303 SE McGiliivray Blvd.

City/State/Zip:

Vancouver, WA 98683

Title:

D

Name:

Blondel E. Senior 900 County Road 950

Street Address: City/State/Zip:

Calhoun, TN 37309-5150

Title:

D

Name:

Barbara E. Taylor

Street Address:

451 E. 58th Ave. #4376

City/State/Zip:

Denver, CO 80216-8372



Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

800 North Magnolia Avenue, Suite 1500 P.O. Box 2346 (ZIP 32802-2346) Orlando, Florida 32803

407-841-1200 407-423-1831 Fax www.deanmead.com

July 20, 2007

Attorneys and Counselors at Law

Orlando Fort Pierce Viera

> MARY F. FENDLE 407-428-5119 mfendle@deanmead.com

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

Attention: Reinstatement Section

Re: Larry Sharley Institute of Evangelism, Inc.

Florida Document Number: N05000001816

Gentlemen:

Enclosed for filing is a 2007 Not-For-profit Corporation Reinstatement for Larry Sharley Institute of Evangelism, Inc. which was administratively dissolved September 15, 2006. Also enclosed is this firm's check in the amount of \$122.50 for the filing fees (\$61.25 for each of 2006 and 2007). The Corporation did not receive the annual report notices in the year of dissolution and therefore requests that the reinstatement fee be waived by the Department of State. If you have a question about this reinstatement, please contact:

Mary F. Fendle, Paralegal Dean Mead P.O. Box 2346 Orlando, FL 32802-2346 Phone: 407-428-5119

Fax: 407-423-1831

Sincerely,

Mary F. Fendle, Paralegal

:mf

Enclosures

cc: Halvard B. Thomsen w/enclosures

Jane C. Callahan, Esq. w/enclosures

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