PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05063

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01/13/04--01073--014 **236.25

1. Corporation Name
Cypress Meadows Community Church of the Christian and Missionary alliance

2. Principal Office Address	3. Mailing Office Address
2180 McMullen Booth Rd	2180 McMullen Booth Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33759 Country: USA	Zip: 33759 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2624337 ☐ 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: Douglas Poole

Street Address (P.O. Box Number is Not Acceptable): 1117 Archers Bend

REINSTATEMENT 03

Suite, Apt. #, Etc.:

City: Safety Harbor State: FL Zip Code: 34695

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Senior Pastor	Douglas Poole	1117 Archers Bend	Safety Harbor, FL 34695
Board Member	Paul Steinbrueck	3129 Swan Ln	Safety Harbor, FL 34695
Board Member	Bud Llewellyn	25 Turtle Creek Cir	Oldsmar, FL 34677
Board member	Donna Chamberlain	2687 Sabal Springs Cir	Clearwater, FL 33761

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 under section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #