PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUN 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000009208

1. Corporation Name

Chiefland Assembly of God Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1560 NW 19th Ave	
Suite, Apt. #, etc	Suite, Apt. #, etc
Chiefland fl.	
City & State	City & State
Zip: 32626 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: September 30, 2010

5. FEI Number: 35-2395247 (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: Richard Langford

Street Address (P.O. Box Number is Not Acceptable): 9461 NW 110th St

Suite, Apt. #, Etc.

City: Chiefland fl, 32626 State: FL Zip Code

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06/19/14--01030--013 **420.00

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: Richard Langford — Date: 6-16-14

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
Board member	Harriet Fogler	3609 NE 48th Ave	High Spgs, FL 32643
BD MEM	ROBERT A. GAY	3748 SW 17th Ct	BELL, FL 32619
BOARD MEMBER	WALTER LONG	342 N.E. 189 AVE	OLD TOWN FL. 32680

10 E-mail Address: chieflandag@bellsouth.net
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Richard A. Gay — 6/16-2014

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

JUN 19 2014

M. WILLIAMS