

\$ 358⁰⁰

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 31 AM 8:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12223

1. Corporation Name The Church of God Evangelistic
Association, Inc.

2. Principal Office Address

503 Kathleen Rd.

Suite, Apt. #, etc.

City & State
Lakeland, FL

Zip
33815

Country
Polk

3. Mailing Office Address

PO Box 8 N/A

Suite, Apt. #, etc.

City & State
Westbend, KY

Zip
40388

Country

REINSTATEMENT CR2E081 (12/05) 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
592655873

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

John W. Collins

Street Address (P.O. Box Number is Not Acceptable)

227 North Lake Hartridge Dr.

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code
33881

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

John Collins
REGISTERED AGENT MUST SIGN

Date 03-09-2006

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
PCD	Harold Kelly Rev.	PO Box 8 N/A	West Bend, KY 40388
STD	Barbara L. Collins	4055 Wren Ave.	Lakeland, FL 33813
VD	Anthony Bartlett	787 N. Buena Vista St.	Newark, OH 43055
	<i>[Signature]</i>		100070800041 04/18/06--01036--018 **358.00

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 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.

SIGNATURE: *Barbara L. Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-06
Date

863-644-7543
Daytime Phone #