


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                                      | <br>FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |         | 06 OCT 17 PM 3:48  |                          |
|---|--------------------------------------|--|---------|--|--------------------------|
| DOCUMENT # <u>712844</u>  |                                      |  |         |  |                          |
| 1. Corporation Name<br><u>Lake Ida Church of Christ, Inc</u>  |                                      |  |         |  |                          |
| 2. Principal Office Address<br><u>1300 Lake Ida Road</u>  |                                      | 3. Mailing Office Address  |         |  |                          |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |         |  |                          |
| City & State<br><u>Delray Beach FL</u>  |                                      | City & State   |         |  |                          |
| Zip<br><u>33444</u>   | Country<br><u>U.S.A.</u>             | Zip  | Country |  |                          |
|   |                                      | 4. Date Incorporated or Qualified<br>To Do Business in Florida   |         | 5. FEI Number<br><u>5926581606</u>   |                          |
|   |                                      |  |         | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                          |
|   |                                      | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>  |         | \$8.75 Additional Fee required<br>for a Certificate of Status                              |                          |
| 7. Name and Address of Current Registered Agent   |                                      |  |         |  |                          |
| Name <u>Kenneth Hill</u>  |                                      |  |         |  |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>549 Angler Dr.</u>   |                                      |  |         |  |                          |
| Suite, Apt. #, Etc.   |                                      |  |         |  |                          |
| City<br><u>Delray Beach</u>   |                                      |  |         | State<br><u>FL</u>   | Zip Code<br><u>33445</u> |
| 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<br>Registered Agent <u>Kenneth A. Hill</u>   |                                      | Date <u>10/11/06</u>   |         |  |                          |
| 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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director  |         | City / State / Zip   |                          |
| T   | Joseph Evans                         | 230 SE 4th Avenue  |         | Delray Bch FL 33443  |                          |
| S   | Vincent Dorsett                      | 1280 W. Magnolia Circle  |         | Delray Bch FL 33445  |                          |
| D   | Lee Weaver                           | 3017 Santa Margarita Rd  |         | West Palm Beach 33411  |                          |
| D   | B.C. Jones                           | 12349 Colony Preserve Dr   |         | Boynton Bch FL 33436   |                          |
| VP  | Cecil L. Spivey                      | 450 Rainbow Spgs Ter.  |         | 33411<br>Royal Palm Bch, FL  |                          |
| P   | Kenneth Hill                         | 549 Angler Dr.   |         | Delray Bch FL 33445  |                          |
| 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: <u>[Signature]</u>   |                                      | Date <u>10/11/06</u>   |         | Daytime Phone #  |                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |  |         |  |                          |