PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 21 AM 8:00

DOCUMENT # N-15860

1. Corporation Name
Grace Evangelical Lutheran Church of Live Oak, Inc

REINSTATEMENT 98-04

2. Principal Office Address	**3.** Mailing Office Address
9989 CR 136	9989 CR 136
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, FL	City & State: Live Oak, FL
Zip: 32060 Country: Suwannee	Zip: 32060 Country: Suwannee

4. Date Incorporated or Qualified To Do Business in Florida: 7/15/1986

5. FEI Number: 59-2722421 ☐ 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: Karl R. Stewart

Street Address (P.O. Box Number is Not Acceptable): 9989 CR 136

000193759
07/21/04--01089--010 **428.75

Suite, Apt. #, Etc.:

City: Live Oak | State: FL | Zip Code: 32060

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: Karl R. Stewart — REGISTERED AGENT MUST SIGN — Date: July 18, 2004

CR2E061 (01/04)

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
D	Karl R. Stewart	9989 CR 136	Live Oak, FL 32060
P/D	Boyd Filkill	11296 177th Road	Live Oak, FL 32060
T/D	Jimmy E. Crain	10881 109th Lane	Live Oak, FL 32060
S/D	Peter A. Krafft	2342 Skyland Drive	Tallahassee, FL 32303
D	Robert C. Davidson	6170 Cattail Road	Sale City, GA 31784

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: Peter A. Krafft — Peter A. Krafft — 7/18/04 — (850) 644-5447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #