PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22286

1. Corporation Name

EVANGEL CHRISTIAN FELLOWSHIP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1454 COURTNEY ROAD<br>PERRY FL 32347 | P.O. BOX 47<br>PERRY FL 32348<br>US |

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 1454 Courtney Rd |
| City & State | City & State Perry, FL |
| Zip / Country | Zip 32347 / Country US |

4. Date Incorporated or Qualified To Do Business in Florida: 08/04/1987

5. FEI Number: 59-3129226 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit co[illegible] at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| D | WEBB, ALISON R | 5910 FREEMAN RD | PERRY FL 32347 |
| D | MIXON, DEAN | 1325 W. U.S. 98 HIGHWAY | PERRY FL |
| D | MIXON, MARGARET | 11325 W US 98 HWY | PERRY FL 32347 |
| D | WEBB, JUSTIN | RT 1 BOX 1407 | PERRY FL |
| | | | |
| | | | |

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| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| WEBB, JUSTIN K<br>5910 FREEMAN RD<br>PERRY FL 32347 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State FL / Zip Code |

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Justin K. Webb SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date 11-1-02

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., 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:** Justin K. Webb SIGNATURE REQUIRED Justin K. WEBB 10/23/02 850 838-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #