

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 11 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # *N22347*

1. Corporation Name

*Church of Jesus Christ of Marianna, Inc*

2. Principal Office Address

*2620 Old Airbase Rd*

Suite, Apt. #, etc.

City & State

*Marianna FL*

Zip

*32448*

Country

*Jackson*

3. Mailing Office Address

*4060 Thomasville Lane*

Suite, Apt. #, etc.

City & State

*Marianna, FL*

Zip

*32448*

Country

*Jackson*

4. Date Incorporated or Qualified To Do Business in Florida

*9/4/87*

5. FEI Number

*59-3164109*

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

*Jack O. Evans*

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

*4040 Roscrea Dr.*

Suite, Apt. #, Etc.

City

*Tallahassee*

State

*FL*

Zip Code

*32309*

*800004645348-8*

*-10/19/01--01032--002*

*\*\*\*\*481.25 \*\*\*\*481.25*

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

*Jack O. Evans*

REGISTERED AGENT MUST SIGN

Date *10/7/01*

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
<i>Pres.</i>	<i>Bernard Vlieg</i>	<i>4060 Thomasville Lane</i>	<i>Marianna, FL 32448</i>
<i>V. Pres.</i>	<i>Rick Horrell</i>	<i>42 Kenneth Circle</i>	<i>Crawfordville, FL 32327</i>
<i>Sec.</i>	<i>Jack O. Evans</i>	<i>4040 Roscrea Dr.</i>	<i>Tallahassee, FL 32309</i>
<i>Tres.</i>	<i>Leola Vlieg</i>	<i>4060 Thomasville Lane</i>	<i>Marianna, FL 32448</i>
<i>Member</i>	<i>Lamar Show</i>	<i>42 Kenneth Circle</i>	<i>Crawfordville, FL 32327</i>
<i>Member</i>	<i>Gary Kiger</i>	<i>4069 River Rd.</i>	<i>Sneads, FL 32460</i>

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:

*Bernard Vlieg (Bernard Vlieg)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/7/01*

Date

*(850) 482-2282*

Daytime Phone #

CR2E081 (9/00)