

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 29 AM 9:38

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N 23119

1. Corporation Name
Rocky Springs United Methodist Church, Inc.

2. Principal Office Address - No P.O. Box #
350 Rocky Springs Church Rd
Suite, Apt. #, etc.

3. Mailing Office Address
210 S.E. Francis St.
Suite, Apt. #, etc.

City & State
Madison, FL

City & State
MADISON, FL.

Zip Country
32340 Madison

Zip Country
32340 MADISON

REINSTATEMENT 07-08
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida
Oct. 22, 1987

5. FEI Number
05-0575471

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status.**

7. Name and Address of Current Registered Agent

Name
Paul W. Rowell

Street Address (P.O. Box Number is Not Acceptable)
210 S E Francis St

Suite, Apt. #, Etc.

City State Zip Code
Madison FL 32340

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Paul W. Rowell Date 1-24-08
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	G.F. Rykard, Jr.	3805 N.W. Little Cat Rd.	Madison, FL 32340
V. Pres	W. Eugene Davis	2907 N.W. Little Cat Rd.	Madison, FL 32340
Sec.	Mae Irby	742 N.W. Caribou Way	Madison, FL 32340
Tres.	Paul W. Rowell	210 SE Francis St.	Madison, FL 32340
	<u>M/1/30</u>		

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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: G.F. Rykard, Jr. G. F. Rykard, Jr. Date 1-24-08 850-973-6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #