

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 AM 9:46

DOCUMENT # **N24580**

1. Corporation Name

First United Methodist Church of Brooksville, Inc.

W-24633

2. Principal Office Address

109 S. Broad St.
Suite, Apt. #, etc.

3. Mailing Office Address

109 S. Broad St.
Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip Country
34601 USA

City & State

Brooksville, FL

Zip Country
34601 USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-1009938

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

Joe M. Mason Jr.

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

101 S. Main St.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

700003468927-6
~~11/17/00-01074-010~~
******306.25 ****306.25**

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

9/11/00

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
T	Robert O. Lee	6183 Faber Dr.	Brooksville, FL 34602
T	Philip James Mylrea	14001 Snow Memorial Hwy.	Brooksville, FL 34601
T	Mary Erhard	24145 Westminster Ct.	Brooksville, FL 34601

[Handwritten Signature]

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:

[Handwritten Signature]

Philip J. Mylrea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/07/00
Date

352-796-3363
Daytime Phone #

CR2E081 (9/99)