JATION FOR REINSTATEMENT



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N25957

1. Corporation Name

GLORY CHAPEL OUTREACH INC.

GLORY CHAPEL OUTREACH
4732 NE 49TH BLVD
WILDWOOD EL 34785

Principal Place of Business

Mailing Address

GLORY CHAPEL OUTREACH 4732 NE 49TH BLVD WILDWOOD FL 34785



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2008.

US If above a	ddraecae ara	incorrect in any way. line thr	US ough incorrect in	oformation a	nd enter (correction below	.10	UO247	724	71	
New Principal Office Address, If Applicable			ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable				1 1 1 2 4 7 7 2 4 7 1 11 / 18 / 13 (11 10 4 (1) 7 ** 245 (1) 4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For				Applied For	
City & State	e		City & State		-			59-2884369		-	Not Applicable
Zìp		Country	Zip		Country	,	6. CERTIFICATE	OF STATUS DESIRE	\$8.7	5 Additi ra Certi	ional Fee required
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corpora	tions must list at lea	st 3 directors)	1 :			
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			4	City / Sta	te / Zip		
D	CHASSIE, DUANE REV.			COUNTY RD. 181			WILDWOOD FL	34785			
D	SHAW, GE	ORGE		COUNTRY	Y RD. 18	31		WILDWOOD FL	34785	·	
D	BUNN, GEORGE			COUNTY RD. 181			WILDWOOD FL	34785			
D	SHAW, JAN	ME		CR 181				WILDWOOD FL	34785		
D	CAVENOUGH, MARVIN DR			CR 181			WILDWOOD FL	34785			
		·									
	8. Nam	e and Address of Current	Registered Age	ent			9. Name and A	Address of New Re	gistered A	gent	
						Name					
CHASSIE, DUANE			Street Address (F Suite, Apt. #, Etc.		P.O. Box Number is Not Acceptable)						
					Suite, Apt. #, Etc.						
						City			State FL	Zip Co	ode .
	4 . 444	and the second of									

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 A	gent



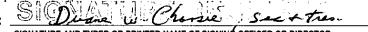
- June

Data	

10-15-03

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



10-15-63

CR2E040 (7/03)