PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 DEC 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27401

1. Corporation Name
Pilgrim's Rest Church Of Vero Beach, Inc.

N97000028203

300002350753 -- 5
-01/06/98--01036 -013
****735.00 ****735.00

Principal Place of Business
1190 27th Ave.
Vero Beach, FL 32960

Mailing Address

REINSTATEMENT 89-97

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
P.O. Box 818
Suite, Apt. #, etc.
City & State
Melbourne, FL
Zip: 32902-0818 | Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/88

5. FEI Number: 65-0059633 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	J. Leslie Brinson	4970 Margaret Ann Lane	Ft. Pierce, FL 34946
V/D	Marion Hamilton	2155 34th Avenue	Vero Beach, FL 32960
S	Jackie H. Watkins	4775 Quail Run Place	Melbourne, FL 32904
T/D	Richard A. Lawrence, Jr.	2112 S. Grant Place	Melbourne, FL 32901

12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: J. Leslie Brinson
Street Address (P.O. Box Number is Not Acceptable): 4970 Margaret Ann Lane
Suite, Apt. #, Etc.
City: Ft. Pierce | State: FL | Zip Code: 34946

CR2E040 (12/96)

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.

Signature of Registered Agent: X J. Leslie Brinson
REGISTERED AGENT MUST SIGN
Date: 12/07/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X]
(See other side for information on intangible tax.)

12. 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: X J. Leslie Brinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Leslie Brinson, President

12/07/97 800-683-9782/
Date Daytime Phone #

Access #25