PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N31311

1. Corporation Name

THE FRIENDS-PILGRIMS' CHURCHES LAND STEWARDSHIP MINISTRIES, INC.

Principal Place of Business

Mailing Address

13500 FRESHMAN LANE FORT MYERS FL 33912 13500 FRESHMAN LANE FORT MYERS FL 33912 FILED

02 OCT 28 PM 1:40

SEGRETARY OF STATE TALLAHASSEE. FLORIDA

If above	addresses are	incorrect in any way, line	through incorrect i	nformation and en	ter correction helow	REIN	STATEMEN	72002
				iling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/22/1989 5. FEI Number		
Suite, Apt. #, etc. Suite, Apt.								
· ·			City & State			65-0109252 Not Applicable		
ip Country		Zip Count		intry				
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	orida nonprofit com	orations must list at l	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
DS	FRANKE, EUNICE Eunice M. Yeoman-Tranke			15471-MEADOW-CIRCLE 2076/COUNTRY WALK WAY			FORT MYERS FL 33908 ESTERU FL 33928	
D F2	POLITIS, CHARLES			13820 WHITE GARDENIA WAY		FORT MYERS FL 33912		
D	REED, PAUL			13235 WHITEHAVEN LANE # 1004		FORT MYERS FL 33912		
I D	MORAN, JEFF JA HAWK, WALTER			HALL GEORGIAN BAY CIRCLE		FORT MYERS FL 33912 LEHIGH, FL 33936		
P	FRANKE, EUNIGE			15471-MEADOW-GIRCLE		FORT MYERS FL. 33908		
D	MILNE, DAVID			12050 CAISSON LANE		33912		
D T	HOFFMAN, CHARLES			20262 LUETTICH LANE		ESTERO FL 33928		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			gent	
-				Name				
FRANKE, EUNICE					Street Address (P.O. Box Number is Not Acceptable)			
15471 MEADOW CIRCLE					Suite Apt # Etc. 80008620058			
26761 COUNTRY WALK WAY				P	10/28/0201067005 **236.25			
દક	TERO	, PL. 3392	-8		City State Zip Code			
0. I. beind	appointed the	registered agent of the a	bove named corno	ration am familier	with and accept the	obligations of Socti		EC

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 filling 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.

CHARLES A. HOPPMAN

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

239-992-3975

Daytime Phone #

CR2E040 (8/02