

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 20 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34342
1. Corporation Name
The Unitarian Universalist Church
in the Pines

100141489841
01/20/09--01053--020 **\$03.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # <u>130 S. Main St</u>		3. Mailing Office Address <u>P.O. Box 1062</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Brooksville FL</u>		City & State <u>Brooksville FL</u>	
Zip <u>34605</u>	Country <u>USA</u>	Zip <u>34605</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 9-19-2003

5. FEI Number <u>59-2985201</u>	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 Irene Keim

Street Address (P.O. Box Number is Not Acceptable)
6016 City Rd 674

Suite, Apt. #, Etc.

City Bushnell State FL Zip Code 33513

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 Irene A. Keim Date 1-15-2009

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
P	<u>Ann Virginia Clements</u>	<u>1505 Arnold Ave</u>	<u>Brooksville, FL 34601</u>
T	<u>Lea Folland</u>	<u>2903 Gladway St</u>	<u>Nobleton, FL 34660</u>
S	<u>Isabel Carr</u>	<u>5059 Pilcevicu Rd</u>	<u>Pace City, FL 33703</u>

REINSTATEMENT RH

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: Irene A. Keim (Lea Folland) 1-15-09 3025409715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #