PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 DEC 29 [illegible]

CR2E081 (11/10)

DOCUMENT # N39238

1. Corporation Name: Christ Presbyterian Church (U.S.A.) of Tallahassee, Florida, Inc.

2. Principal Office Address - No P.O. Box #: 2317 Bannerman Rd
Suite, Apt. #, etc.:
City & State: Tallahassee, FL
Zip: 32312 Country: USA

3. Mailing Office Address: 2317 Bannerman Rd
Suite, Apt. #, etc.:
City & State: Tallahassee, FL
Zip: 32312 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 59-3018863 ☐ 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: Deith, Danny
Street Address (P.O. Box Number is Not Acceptable): 2317 Bannerman Road
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32312

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REINSTATEMENT
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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: Danny Dieth Date: 12/29/17
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	Baxter, Keith	2842 Green Forest Ln	Tallahassee, FL 32312
VP	Yang, Beverly	4121 Tralee Rd	Tallahassee, FL 32309
ST	Childers, Jim	8987 Eagle Ridge	Tallahassee, FL 32312
T	Engelbrecht, Kathy	8542 Congressional Dr.	Tallahassee, FL 32312
T	Faragasso, Laura Beth	1100 Alameda Dr.	Tallahassee, FL 32317

10. E-mail Address: heather@cpcusa.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: [signature] Chairman Rotation Management Committee 12/28/17 850-212-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #