PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 27 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N39278

1. Corporation Name
BELIZE OUTREACH MINISTRIES, INC.

Principal Place of Business / Mailing Address
4736 MARSEILLES BLVD
TALLAHASSEE, FL 32303

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

REINSTATEMENT 95-96 AR
DO NOT WRITE IN THIS SPACE

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| P.O. BOX 2957 | P.O. BOX 2957 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: THOMASVILLE, GA. | City & State: THOMASVILLE, GA. |
| Zip: 31799 Country: U.S. | Zip: 31792 Country: U.S. |

4. Date Incorporated or Qualified To Do Business in Florida: JULY 27, 1990

5. FEI Number: 650121632 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for Certified Copy

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P | DAVID A. FLETCHER | 143 TUXEDO DRIVE | THOMASVILLE, GA. 31792 |
| S/T | RANDOLPH A. MALONE | 143 TUXEDO DRIVE | THOMASVILLE, GA. 31792 |
| D | JOHN ROBERT YOUNG | 1315 PACIFIC AVENUE | SANTA ROSA, CA. 95404 |
| D | GEORGE WALLER | 4912 GARTH ROAD | HUNTSVILLE, AL 35802 |
| | | | |
| | | | |

300002042123--3
-12/31/96--01055--002
****306.25 ****306.25

8. Name and Address of Current Registered Agent

CLARK COPE
4736 MARSEILLES BLVD.
TALLAHASSEE, FL 32303

9. Name and Address of New Registered Agent

Name: DANIEL M. BEST
Street Address (P.O. Box Number is Not Acceptable): 1206 ADAMS
Suite, Apt. #, Etc.:
City: HOLLYWOOD State: FL Zip Code: 33019

CR2E040(12/95)

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/12/96

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. 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: [signature] DAVID A. FLETCHER, PRES. 12/4/96 (912)226-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #