

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

15 MAY 27 PM 12:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41154

1. Corporation Name

The Body of Christ, Inc.

21192 SE Rose Place Blountstown, FL 32424

2. Principal Office Address - No P.O. Box #

21192 ROSE PL

3. Mailing Office Address

P.O. BOX 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown, FL

City & State

Blountstown, FL

Zip

32424

Country

Calhoun

Zip

32424

Country

Calhoun

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3048427

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

Gunn, Felicia

Street Address (P.O. Box Number is Not Acceptable)

4791 Hosford Highway

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

800273385758
05/27/15--01010--017 **358.75

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

Felicia K. Gunn

Date

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
<u>D</u>	<u>Gunn, Herbert</u>	<u>4791 Hosford Hwy.</u>	<u>Quincy, FL 32351</u>
<u>T</u>	<u>Gunn, Felicia</u>	<u>4791 Hosford Hwy.</u>	<u>Quincy, FL 32351</u>
<u>T</u>	<u>Peterson, Ordean</u>	<u>16018 S.E. Martin St.</u>	<u>Blountstown, FL 32424</u>

MAY 27 2015

REINSTATEMENT

R. HUNT

RCH

10. E-mail Address:

(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:

Felicia K. Gunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/15 (850) 661-8887

Date

Daytime Phone #