

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N41661

1. Corporation Name

THE WAY UP CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

~~4224~~ W LEE RD  
8TE 210  
WINTER PARK FL N4425-4  
US

Mailing Address

P O BOX 608151  
ORLANDO FL 32860-8151  
US

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

2. New Principal Office Address, If Applicable

1950 Lee Road, Ste. 210

Suite, Apt. #, etc.

Winter Park, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

32789

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/15/1991

5. FEI Number

59-3063088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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 3	City / State / Zip 4
PD	ALSUP, NELSON R.	1221 W. LEE RD., STE 200	ORLANDO FL
<del>STD</del>	<del>ALSUP, SARA C.</del>	<del>1424 BEAR LAKE RD.</del>	<del>APOPKA FL</del>
VD	EMBRY, DAVID G	750 NE 165TH STREET	CITRA FL
			200003440982--9
			-10/26/00-01088-024
STD	Paul A. Odham	1825 Deanna Drive	****245.00 ****245.00 Apopka, FL 32703

8. Name and Address of Current Registered Agent

ALSUP, NELSON R.  
~~4224~~ W. LEE RD. 1950  
SUITE 200 210  
ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Nelson R. Alsup*  
REGISTERED AGENT MUST SIGN

Date 10-12-2000

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., 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.

SIGNATURE:

*Nelson R. Alsup*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson R. Alsup

10-12-00 407-599-9772  
Date Daytime Phone #