


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 DEC 17 AM 11:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>NS1010</u>					
1. Corporation Name <u>Hosford Community Church, Inc.</u>					
2. Principal Office Address <u>15386 NE SR 65</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>(Same)</u> <small>Suite, Apt. #, etc.</small>			
City & State <u>Hosford, FL</u>		City & State <u>Hosford, FL</u>			
Zip <u>32334</u>	Country <u>Liberty</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <u>9/04</u>	
5. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Kenneth L. Hosford</u> <u>900043611939</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>S.R. 65 N, Kent Rd.</u> <u>12/23/04--01028--021</u> <u>**B 7.50</u>					
Suite, Apt. #, Etc.					
City <u>Hosford</u>				State <u>FL</u>	Zip Code <u>32334</u>
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 <u>Kenneth L. Hosford</u> <small>REGISTERED AGENT MUST SIGN</small>				Date <u>12/16/04</u>	
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>Director</u>	<u>Joyce Hosford</u>	<u>15386 NE SR 65</u>	<u>Hosford, FL 32334</u>		
<u>Trustee</u>	<u>Duncan Hosford</u>	<u>S.R. 65 North</u>	<u>Hosford, FL 32334</u>		
<u>"</u>	<u>Ken Hosford</u>	<u>SR 65 N. Kent Rd.</u>	<u>Hosford, FL 32334</u>		
<u>"</u>	<u>Russell Hosford</u>	<u>SR 65 North</u>	<u>Hosford, FL 32334</u>		
<u>"</u>	<u>Kitte Carter</u>	<u>6550 Hidden Lakes Dr.</u>	<u>Tallahassee, FL 32311</u>		
<u>"</u>	<u>Sundae McMillan</u>	<u>3802 Piney Grove Ar.</u>	<u>Tallahassee, FL 32311</u>		
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 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: <u>Joyce S. Hosford</u>				Date <u>12-16-04</u> Daytime Phone # <u>(850) 379-8639</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E081 (01/04)