

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 30 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000708

1. Corporation Name

THE CHRISTIAN UNITED FELLOWSHIP ASSOCIATION, IN
C., OF MELBOURNE, FLORIDA

Principal Place of Business
2412 S HARBOR CITY BLVD
MELBOURNE FL 32902
US

Mailing Address
REV WILLIE B CARTER
1122 GAINES DR
MELBOURNE FL
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3179371

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---|---|--|-------------------------|
| PT | BLACKMON, JOE N | 608 E WALL ST | MELBOURNE FL 32901 |
| T | CARTER, WILLIE B | 1122 GAINES DR | MELBOURNE FL 32901 |
| VT | DORMAN, BLANDFORD N | 1455 RIVER RD | ST CLOUD FL 34769 |
| ST | ODOM, AUGUSTA JR | 1621 ORANGE AVE | ST CLOUD FL 34769 |
| T | MCINTYRE, DAVID | 1049 NEWBERN ST | PALM BAY FL 32905 |
| 500003472505-6 -11/21/00--01050-016 ***236.25 ***236.25 | | | |

8. Name and Address of Current Registered Agent

CARTER, WILLIE B
1122 GAINES DR
MELBOURNE FL 32901

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

REV. WILLIE B. CARTER

Date 10/26/00

REGISTERED AGENT MUST SIGN

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:

Rev. Willie B. Carter

Date

Daytime Phone #