

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 11 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000708

1. Corporation Name THE CHRISTIAN UNITED FELLOWSHIP
ASSOCIATION, Inc. of Melbourne, Florida

2. Principal Office Address

Suite, Apt. #, etc.

1122 GAINES DRIVE

City & State

MELBOURNE, FLORIDA

Zip

32901

Country

BREVARD

3. Mailing Office Address

Suite, Apt. #, etc.

P. O. BOX 2364

City & State

MELBOURNE, FLORIDA

Zip

32902

Country

BREVARD

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1992

5. FEI Number

593179371

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

REV. WILLIE B. CARTER

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

1122 GAINES DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE,

State

FL

Zip Code

32901

700044581477
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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

Rev. Willie B. Carter REV. WILLIE B. CARTER

Date 01/05/2005

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
P	BISHOP BLANFORD DORMER	1455 RIVER ROAD	ST. CLOUD, FL 34769
T/D	REV. WILLIE B. CARTER	1122 GAINES DRIVE	MELBOURNE FL 32901
S/D	AUGUSTA ODOM JR	1621 ORANGE AVE.	ST. CLOUD, FL 34769
D	ELDER EARNEST BROWN	839 GIBSON STREET	TITUSVILLE, FL 32780
D	REV. LLOYD CAMPBELL	225 SW VOLTSIR TERRICE	PORT ST. LUCIA FL 34984

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:

Rev. Willie B. CARTER
Rev. Willie B. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/05/2005 321-724-1265

Daytime Phone #

CR25081 (01/04)