

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**

*JA*

**REINSTATEMENT 03-05**

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. <b>1122 GAINIE DRIVE</b>		Suite, Apt. #, etc. <b>P. O. BOX 2364</b>	
City & State <b>MELBOURNE, FLORIDA</b>		City & State <b>MELBOURNE, FLORIDA</b>	
Zip <b>32901</b>	Country <b>BREVARD</b>	Zip <b>32902</b>	Country <b>BREVARD</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>12/09/1992</b>	
5. FEI Number <b>593179371</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>REV. WILLIE B. CARTER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1122 GAINIE DRIVE</b>	
City <b>MELBOURNE,</b>	State <b>FL</b>
Zip Code <b>32901</b>	Zip Code <b>32901</b>

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 BLANDEFORTE DORMER	1455 RIVER ROAD	ST. CLOUD, FL 34769
T/D	REV. WILLIE B. CARTER	1122 GAINIE 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** Date 01/05/2005 321-724-1265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)