

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED AND FILED

99 DEC 16 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N93000000981

1. Corporation Name

LIVELY STONES FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

P.O. Box 797
FAIRBURN, GA 30213

REINSTATEMENT 95-091
W99-000028571

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3181992

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D PRES.	<u>WILLARD FULLER</u>	<u>P.O. Box 797</u>	<u>FAIRBURN, GA 30213</u>
D V.PRES.	<u>BERT CARSON</u>	<u>P.O. Box 284</u>	<u>MENTONE, AL 35984</u>
D SEC.	<u>ALTHEA COOK</u>	<u>P.O. Box 797</u>	<u>FAIRBURN, GA 30213</u>

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARTHUR L. GARDNER
12903 WALNUT TREE LANE
HUDSON, FL 34669

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

(MAILING ADDRESS)
P.O. Box 5154, HUDSON, FL 34672

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 Arthur L. Gardner

Date 12-6-99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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: Willard Fuller (WILLARD FULLER)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #