PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State 7.0 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # N94000001508 97 NOV 20 M1 8: 1,2 1. Corporation Namo FAITH COMMUNITY MISSIONARY CHURCH, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address FAITH COMMICCION CHURCH 3066 MICHAGAN AVE FT MYERS FL 33916 FT MYERS FL 33905 STATEMENT o 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 Date Incorporated or Qualified To Do Business in Florida 03/23/1994 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0478075 City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED Z 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) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip GREEN, LUKE A 2641-ASHWOOD STREET FT MYERS FL 33901 4811 ZANA JOE CHERRY 724 ORTIZ AVE. FT MYERS FL PETERSON, JESSE 4982 GARY DRIVE FT MYERS FL 33916-(11)54--(11) ****236,25 GREEN, JOSEPHINE H 4803 ZANA DR FT MYERS FL BLANKS, WAYNE 745 DELLENA AVE FT MYERS FL 33905 PETERSON, VERA 4982 GARY DR FT MYERS FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent GREEN, WILLIE B 3066 MICHAGAN AVE FT MYERS FL 33916 ligations of Section 607.0505, F.S. 10. I, being appointed the registered agen of the REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. Yes. on intangible tax.) 12.1 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 peld 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 SIGNING OFFICER OR DIRECTOR

724 ORTIZ AVE

Sulte, Apt. #, etc.

City & State

Title(s)

PD

SD

TD

Signature of Registered Agen

US

Zip