

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB 24 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004099**

1. Corporation Name

**CALVARY CHRISTIAN FELLOWSHIP, of Ocala, Inc**

2. Principal Office Address

**343 N.E. 1ST AVE.**

Suite, Apt. #, etc.

City & State

**OCALA, FL.**

Zip

**34470**

Country

**U.S.A.**

3. Mailing Office Address

**343 N.E. 1ST AVE.**

Suite, Apt. #, etc.

City & State

**OCALA, FL.**

Zip

**34470**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**AUG. 18, 1994**

5. FEI Number

**59-3261716**

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

**MICHAEL T. WYNS**

**500003164495-3**

**-03/09/00--01100--015**

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

**219 S.E. 20TH TERRACE**

**\*\*\*\*306.25 \*\*\*\*306.25**

Suite, Apt. #, Etc.

City

**OCALA**

State

**FL**

Zip Code

**34471**

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

**Michael T. Wynn**  
REGISTERED AGENT MUST SIGN

Date **JAN. 12, 2000**

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
PRESIDENT	D. MICHAEL T. WYNS	219 S.E. 20TH TERR.	OCALA, FL. 34471
TREASURER	D. ELBERT L. JONES	1821 N.E. 49TH AVE.	OCALA, FL. 34470
SECRETARY	D. MAURICE WARNER	3551 S HWY 314A	OCCLAWAHA, FL 32179
			SP

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:

**Michael T. Wynn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-00**

Date

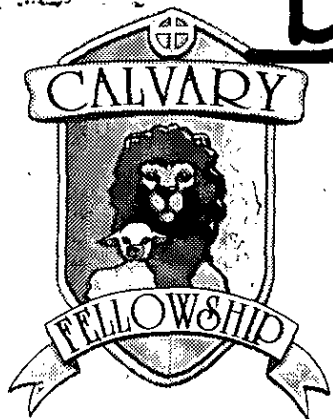
**352-622-5513**

Daytime Phone #

CR2E081 (9/99)

**DO NOT REMOVE!**

**2**



## Calvary Fellowship

343 N. E. First Avenue  
Ocala, FL 34470

Office: (352) 622-5513  
Fax: (352) 622-1525

Michael T. Wynn  
Senior Pastor

February 7, 2000

Florida Department of State  
Division of Corporations  
Corporate Records  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Reinstatement Fee Waiver Calvary Christian Fellowship of Ocala, Inc.  
REF: Number N94000004099

To Whom It May Concern:

This letter is a request to have our reinstatement fee waived.

Reasons for our request:

- 1) We were unaware of our need to file our Annual Report with your offices. Our understanding was that we one needed to have our Annual Report in our In House Files.
- 2) We were in the middle of a major location move and never received any correspondence from your offices.

Thank your for your recent letter (1/19/2000 #800A00002523) and your understanding in these matters.

Sincerely,  
Pastor Michael T. Wynn  
Calvary Christian Fellowship, Inc.