PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
CORPORATION REINSTATEMENT	•	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		11LEU 08 AUG 21 PM 2: 53	
	001952	آ Al	EURETARY OF STATE LLAHASSEE, FLORIDA		
Indian River Mission Board of Free Will Baptist, Inc.			200 08/21/0	0134795952 801023010 **\$\$1.00	
2. Principal Office Address - No P.O. Box #	Office Address	JD 8.	22		
938 Lytton Rd.	i	IME D	FINS	TATEMENT (O-0	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		orated or Qualified	
City & State	City & State		To De Busin	ess in Florida 4 – 20 – 1995	
Melbourne, Florida	F/01.		5. FEI Number		
32934 V. Z.	Zip	Country	6.	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JAMES Christian Change				reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable)		- co cou	circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
1220 Hendry Ave. 465 Suite, Apt. #, Etc.		_			
COWA, FL 32922	<u> </u>	State Zip Code State 38928	fee be waived.		
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 REGISTERED AGENT MUST SIGN				Date 8-/8-08	
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	
Res. Steve Berry		3300 Arabian ct.		Melbourne, FL 32934	
V Pay Henry Beard		509 JAMES TOWN Ave.		LAKeland, FL 33801	
Sec. Cecil Hutchinson		102 Curtis Circle		Sebastian, FL 32958	
Treas Jim Christian		4650 SR 524		600A, FL 32926	
Manofile TARGART		2355 Armadillo Ct.		Coupa.FL 32936	
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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 filling 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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					