

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -8 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003351

1. Corporation Name
Church of Christ In Inverness, Inc

Principal Place of Business Mailing Address
4196 S. Pleasant Grove RD.
Inverness, FL. 34452

REINSTATEMENT

96-98
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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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/11/1995
5. FEI Number 31-1548615 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 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)

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
P-D	Michael Feeser	9640 E. Silver Oaks Trail	Inverness, FL. 34450
V-D	George Hooker	9761 E. Silver Oaks Trail	Inverness, FL. 34450
T-D	DAVID Clark	3229 S. ROSE AVE	Inverness, FL. 34450

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****367.50 ****367.50

8. Name and Address of Current Registered Agent
DAVID Clark
3229 S. ROSE AVE
Inverness, FL. 34450

9. Name and Address of New Registered Agent
Name DAVID Clark
Street Address (P.O. Box Number is Not Acceptable) 3229 S. ROSE AVE
Suite, Apt. #, Etc.
City Inverness State FL Zip Code 34450

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 [Signature] REGISTERED AGENT MUST SIGN Date 5/4/98

11. This corporation owes or has paid 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: [Signature] Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/4/98 (352) 726-1231
Daytime Phone # 8216

CR2040 (1/98)