

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -9 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95040004360

1. Corporation Name

Fleming Island United
Methodist Church, Inc.

2. Principal Office Address

7170 U.S. 17 South

Suite, Apt. #, etc.

3. Mailing Office Address

7170 U.S. 17 South

Suite, Apt. #, etc.

City & State

Green Cove Spgs. FL

Zip

32043

Country

USA

City & State

Green Cove Spgs. FL

Zip

32043

Country

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3298525

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

Ray Shaw

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

2313 Bridgewater Court

Suite, Apt. #, Etc.

City

Orange Park

State
FL

Zip Code

32003

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

Ray Shaw

REGISTERED AGENT MUST SIGN

Date

5/11/06

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
<u>C</u>	<u>Ray Shaw</u>	<u>2313 Bridgewater Ct.</u>	<u>Orange Park, FL 32003</u>
<u>V</u>	<u>Guy Martinko</u>	<u>2415 Golden Bell Ln</u>	<u>Orange Park, FL 32003</u>
<u>T</u>	<u>Tom Ryan</u>	<u>1806 Sherwood Dr</u>	<u>Middleburg, FL 32068</u>
<u>S</u>	<u>Carolyn Garner</u>	<u>4122 San Servera Dr S.</u>	<u>Jacksonville, FL 32217</u>

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 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:

Ray Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/06

Daytime Phone #

(354) 284-7964



May 31, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 62314

Dear Secretary of State:

This is to state that we did not receive annual report notices²⁰⁰³ telling us that unless we Completed the Uniform Business Report, our incorporated status would be revoked. The last notice we received was for the year 2002. We respectfully ask that the reinstatement fee of \$175.00 be waived because of this. We are enclosing a check for \$245.00 to cover the period from 2003-2006.

Please notify us as soon as possible of our incorporation. We are in the process of Refinancing our mortgage and cannot proceed until we receive notification that we have been reinstated.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Shaw".

Ray Shaw
Chairman, Board of Trustees