PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 DEC 10 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000005643

1. Corporation Name

HEBRON EVANGELICAL CHURCH OF MARION OAKS, INC.

Principal Place of Business	Mailing Address
166 MARION OAKS BOULEVARD #12 OCALA FL 34473	166 MARION OAKS BOULEVARD #12 OCALA FL 34473

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

01

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: 11/28/1995

5. FEI Number: 59-3349150 ☐ 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	4 City / State / Zip
VD	~~PARVIS, GEORGE C~~ Parris, George C.	2675 SW 177TH PL RD.	OCALA FL ~~34467~~ 34473
STD	HOLDER, RUBEN A	2208 SW 148TH LN	OCALA FL 34473
D	~~KNIGHT, EUGENE~~ King, Alice T.	~~1317 SW 33RD CT~~ 1417 n.w. 20th Ave	OCALA FL ~~34471~~ 34475

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8. Name and Address of Current Registered Agent

PARRIS, GEORGE C
2675 SOUTH WEST 177TH PLACE ROAD
OCALA FL 34473

9. Name and Address of New Registered Agent

Name: George C Parris
Street Address (P.O. Box Number is Not Acceptable): 2675 S west 177 PL RD
Suite, Apt. #, Etc.:
City: Ocala FL State: FL Zip Code: 34473

CR2E040 (8/01)

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: George C Parris SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/26/2001

11. 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: Alice T King SIGNATURE REQUIRED 11/26/2001 (352) 702 9318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #