PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 21 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005643 (0)

1. Corporation Name

HEBRON EVANGELICAL CHURCH OF MARION OAKS, INC

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
125 MARION OAKS TRAIL	125 MARION OAKS TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLORIDA	City & State: OCALA, FLORIDA
Zip: 34473 Country: USA	Zip: 34473 Country: USA

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. Name and Address of Current Registered Agent

Name: PARRIS, GEORGE C

Street Address (P.O. Box Number is Not Acceptable): 2675 SOUTH WEST 177TH PLACE ROAD

Suite, Apt. #, Etc.

City: OCALA State: FL Zip Code: 34473

☑ The reinstatement fee is imposed, except in 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 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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
P	GEORGE C. PARRIS	2675 S.W. 177TH PLACE	OCALA, FL. 34473
D	NEIGEL SEWART	2500 S.W. 153RD PLACE	OCALA, FL. 34473
T	BALFORD CLARKE	20 SPRING LANE WAY	OCALA, FL. 34472
			100108291954 09/21/07--01062--003 **183.75

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: Neigel Sewart 08/20/2007 352.347.2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #