

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 18 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003049

1. Corporation Name

East Orlando Community Church, Inc.

2. Principal Office Address

3588 Foxcroft Cir

Suite, Apt. #, etc.

3. Mailing Office Address

3588 Foxcroft Circle

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/96

5. FEI Number

59-3369488

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

David M. Conklin

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

3588 Foxcroft Circle

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

David M. Conklin

REGISTERED AGENT MUST SIGN

Date 10/9/02

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
PD	David M. Conklin	3588 Foxcroft Cir	Oviedo, FL 32765
VD	Michael Contreras	1120 Sugar berry	Oviedo, FL 32765
SD	Eileen T. Conklin	3588 Foxcroft Cir	Oviedo, FL 32765

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 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:

David M. Conklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/02

Date

(407) 366-4852

Daytime Phone #

CR25081 (9/01)

js 10/18/02

*East Orlando Community Church, Inc.*  
*3588 Foxcroft Circle*  
*Oviedo, Florida 32765*

October 10, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Application for reinstatement  
#N96000003049

To Whom It May Concern:

As per my phone conversation with Justin, enclosed please find our application for reinstatement of the above corporation.

In view of the fact that we never received the annual report for the year 2001 and this year Justin informed me that we are not required to pay any additional fee besides the regular fee for 2001 and this year. Enclosed please find check number 2777 in the amount of \$122.50.

Thank you for your attention to this matter.

Respectfully,

*Eileen T. Conklin*  
Eileen T. Conklin

Etc/ed

Encl.