

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PM

08 FEB 27 AM 10:48

2-28-08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003356

1. Corporation Name

First Church of in Christ of
West Palm Beach INC

2. Principal Office Address - No P.O. Box #

610 - 14th St.

3. Mailing Office Address

610 - 14th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch. FL

City & State

West Palm Bch. FL

Zip

33401

Country

Palm Bch

Zip

33401

Country

Palm Bch

7. Name and Address of Current Registered Agent

Name

Anton V. Manley

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

17811 90th St. N.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33470

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

[Signature]

Date

2/24/08

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
D	John Howard	218 Porter Place	West Palm Bch. FL 33409
D	Doris Stevens	1547 W. 10th St.	Riv. Bch. FL 33409
D	Alden Wilder	500 Ontario Place	West Palm Bch FL 33409

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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:

[Signature: Doris Stevens]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-08 561 844 438
Date Daytime Phone #