

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC -4 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003843

1. Corporation Name

The Family Church of Frostproof Inc.

2. Principal Office Address

5405 Southerly Way

Suite, Apt. #, etc.

City & State

Sarasota, FL. 34232

Zip
34232

Country

Sarasota

3. Mailing Office Address

5405 Southerly Way

Suite, Apt. #, etc.

City & State

Sarasota, FL.

Zip
34232

Country

Sarasota

REINSTATEMENT
C827081 12/06/06 3-06

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/96

5. FEI Number

593233570

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

James Anthony Bonner

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

5405 Southerly Way

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

James A. Bonner

REGISTERED AGENT MUST SIGN

Date 11/30/06

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
PD	James Anthony Bonner	5405 Southerly Way	Sarasota, FL. 34232
VPS	Ulette P Bonner	5405 Southerly Way	Sarasota, FL. 34232
TC	Lorraine M Boner	3450 2nd Ave	Council Bluffs, IA 51501

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12/04/06--01050--017 **297.50

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:

James A. Bonner

James Anthony Bonner

11/30/06

941-256-5826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell DEC - 4 2006