PLEASE READ ALL I	INSTRUCTIONS BEFORE O	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N9600004800		99 NOV 12 PM 6: 11
1. Corporation Name CALVARY CHAPEL OF VERO BEACH, INC.		SECRE (ARM OF STATE TALLAHASSEE, FLORIDA
1		
Principal Place of Business Mallin	ng Address	t i delikājā die korie aliki arini. Odini korie adini adini adeni adini adini adini adini adini adini
	NORTH COURTENAY PARKWAY RITT ISLAND FL 32953]
If above addresses are incorrect in any way, line through inc	correct information and enter correction below.	იიიიტვივიცვი $_{n=1}$ 1
	ew Mailing Office Address, If Applicable	4. Date Incorporated or Qualified 236. 25 *****236. 25
Suite, Apt. #, etc. P. O. Box (050585 P.O.	Apt. #, etc. Box 650585	5. FEI Number Applied For
Vero Beach, FL Ver		65-0697096 Not Applicable
^{2ip} 32965 Country USA Zip	32965 Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Anditional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Direc Name of Officers	ctor (Florida nonprofit corporations must list at les Street Address of Each	
Title(s) and/or Directors 2	Officer and/or Director	City / State / Zip
PD P. James Gallagher	PO BOX 650585	WAY MERRITT ISLAND PL 32953 32,965 Werd Beach, FL 4550585
TD BROWN, JOSEPH T7 .	118 15TH AVENUE	VERO BEACH PL 32862
D Richard Cimino	10050 WOLF TO.	Appes vally ca 95949
D Rich Cheffin	8842 BARGAL WAY	EIK GREVE CA 9575B
		06 178
	REINSTATEME	NT_91-
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name		
OUINN, MICHAEL	P. January Street Address (I	P.O. Box Number is Not Acceptable)
3500 NORTH COURTENAY PARKWAY MERRITT ISLAND FL 32953 Suite, Apt. #, Etc.		P.O. Box Number is Not Acceptable)
me:1107 (02 40 12 deco)	City	State Zip Code
10 I, being appointed the registered agent of the above named conforation, am familiar with and accept by obligations of Section 607.0505, F.S.		
Segretare of Registered Agent Plan Colombia Date 10/22/99		
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: SIGNATURE AND TYPED OR PRINTED NA P. James Gallag	ME OF SIGNING OFFICER OR DIRECTOR	16-2-99 (5(1) 774-9166 Date Dayline Phone #