PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of corporations DOCUMENT # N97000000249 1. corporation Name Secretary of State Division of corporation Name 99 DEC 30 AM IO: 34 SECRETARY OF STATE TALLAHASSEE. FLORIDA FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC. Principal Place of Business Mailing Address State Mailing Address Country WT	cable quired
Katherine Harris FOR REINSTATEMENT Secretary of State DOCUMENT # N97000000249 1. Corporation Name FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC. FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC. Principal Place of Business Mailing Address 2374 HARTLEY ROAD WEST Gent MATLEY ROAD WEST C/O H W W Gent MATLEY ROAD WEST JACKGONVILLE FL 32257 JACKGONVILLE FL 32257* US J. Derv Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 3. Derv Mailing Office Address, If Applicable 3. Derv Mailing Office Address, If Applicable 3. Derv Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 3. Derv Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified City & State City & State Zip Country Zip 3. Zig 3. Country USA Chry & State State Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) The(e) Name of Officers and/or Director 3 Country Zip	cable quired
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VD HOLLIS, AUSTIN O JR 3224 JULINGTON CK RD JACKSONVILLE FL 32223	
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PD BARKET, THOMAS 9179 BAY COVE LANE JACKSONVILLE FL 32257	
-TO- MCCLUSKEY, NORMAN D CLARKE, MICHAEL H. 4235 SAN SERVERA DR.S. JACKSONVILLE FL 32217- ILGS9 DUNES WAY DR N JACKSONVILLE FL 32217- JACKSONVILLE	
D- ARTHUR, JEPFREY L 4086 STILLWOOD DR JACKSONVILLE FL 32257	
D BORNE, RAY 605 HIBERNIA OAKS DR. GREEN COVE SPRINGS FL 32045	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	***
	CR2E040 (8/99)
CLARKE, MICHAEL H 11659 DUNES WAY DR N Street Address (P.O. Box Number is Not Acceptable) EDUIDDE11083362	E040
JACKSONVILLE FL 32225 Suite, Apt. #, Etc01/19/0001079014	
****236_25 City City State I Zip Code	<u>15</u>
10. I, being appointed the registered agent on the above named correction, am familiar with and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent	
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.	s
Salar and a contract of the second	s
Durla Alla he as worker	s
SIGNATURE: MUCHAEL CLARKE 12/21/99 904-7438444	s
SIGNATORE AND THE SAME EXIMITED NAME OF SIGNING OFFICER OR DIRECTOR I DISIG DISIGN DISIGN DISIGN PRODE #	s