PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

THE CO.]	FILED
CORPORATION REINSTATEMENT	FLORIDA DEPARTME Secretary of			08 OCT -6 PM 1: 17
	DIVISION OF CORP	ORATIONS		
DOCUMENT # N97000000945				SECRETAL STATE TALLAHASSEE, FLORIDA
Roger C Collins Evangelistic Assocation Inc				
Evangelistic Assocation Inc				
2. Principal Office Address - No P.O. Box# 2900 N. TAMIAMI TRAI	P.O. Box 4141			CR2E081 (10/08)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			orated or Qualified
Nift Muer F/	N. Ft Myers Fl		5. FEI Number 5 9-33	Applied For
33903 Country SA	Zip 33918 Co	untry 15A	6.	OF STATUS DESIRED 55.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name Roger C Collins			☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) 5470 BUSh Bluc				
Suite, Apt. #, Etc.				
Temple Terrace State Zip Code FL 33617				
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 Kour REGISTERED AGENT MUST SIGN				Date 10-03-08
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 Roger C Collins	5470 E	5470 E Bush Blud #		Temple Terrace 133617
D Clyde Collins 3035 Highway		HighWAY 3	3750H	Coeydon IN 47112
D John Allison 1653 white A		white Plaus	5 Terr	N, Ft. Myers/133903
RH				, , , , , , , , , , , , , , , , , , ,
DEINICTATE	MENT		10/0	b/U8-~U1U41U13 **∠3(.5U
KEIINO I AI LIVILII I				
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 filling 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-end accurate, and my signature shall have the same legal effect as if made under eath.				
SIGNATURE: Signature: (209-4311) Designature: (209-4311) Designature: (209-4311)				
Date Date Dayline Phone #				