


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 097000001934			
<b>1. Corporation Name</b> WELCOME BAPTIST CHURCH OF LITHIA INC.			
<b>2. Principal Office Address</b> 11308 WELCOME CHURCH ST. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 11308 WELCOME CHURCH ST. Suite, Apt. #, etc.	
<b>City &amp; State</b> LITHIA, FLA.		<b>City &amp; State</b> LITHIA, FLA.	
<b>Zip</b> 33547	<b>Country</b> U.S.A.	<b>Zip</b> 33547	<b>Country</b> U.S.A.

FILED

05 OCT 31 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>REINSTATEMENT</b> 00-05	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> APRIL 4, 1997	
<b>5. FEI Number</b> 31-1563747	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> JOHN A. DWYER		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 506 W. ALEXANDER ST.		
<b>Suite, Apt. #, Etc.</b> P.O. BOX 848		
<b>City</b> PLANT CITY	<b>State</b> FL	<b>Zip Code</b> 33566

**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**

REGISTERED AGENT MUST SIGN

**Date**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P.T.	A.H. VARNUM T	11930 WALTER HUNTER RD	LITHIA, FLA. 33547
V.P.	T. DALE CARTER T	4937 REYSVILLE RD. E	LITHIA, FLA. 33547
TRIA	T. FRANK FOSTER T	2622 WELCOME RD.	LITHIA, FLA. 33547
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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 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 NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

10/26/05

813-737-1402

D. Mitchell NOV 1 2005