

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -5 PM 3:55

DOCUMENT # N97000002286

1. Corporation Name

Safe Haven Christian Church Corp.

2. Principal Office Address

416 Highland Avenue

Suite, Apt. #, etc.

City & State

Lehigh Acres, Florida

Zip

Country

3. Mailing Office Address

416 Highland Avenue

Suite, Apt. #, etc.

City & State

Lehigh Acres, Florida

Zip

Country

CR2E081 (12/05)

02-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 23, 1997

5. FEI Number

65-0778275

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

Charles W. Hughes

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

416 Highland Avenue

Suite, Apt. #, Etc.

City

Lehigh Acres, FL

State

FL

Zip Code

33972

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**

Charles W. Hughes

REGISTERED AGENT MUST SIGN

Date

3/20/06

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
DP	Charles W. Hughes	416 Highland Avenue	Lehigh Acres, FL 33972
DVP	Dan Goodwin	221 Hamilton Avenue	Lehigh Acres, FL 33936
DS	Alice Scott	5 Palm Blvd.	Lehigh Acres, FL 33936

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:

Charles W. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/06

Daytime Phone #