## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # N97000002766  1. Corporation Name  2. Principal Office Address - No P.O. Box # 1715 CHURCH, INC  2. Principal Office Address - No P.O. Box # 1715 SW McCLINTON DR 1715 SW McCLINTON DR 1715 SW McCLINTON DR 1715 SW McCLINTON DR 2010. Apt #, etc  City & State FT WHITE, FLORIDA 700 Boarness in Fordat 700 Boarness		RPORATI				;	DEPAR Secretar ISION OF C	y of S		10	FILE.	38
2. Pringpail Office Address - No P.O. Box # 1716 SW MCCLINTON DR 1716 SW												
1716 SW McCLINTON DR   1716 SW McCLINTON DR   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   A. Date incorporated or Qualified To Do Business in Florida	TUSTENUGGEE UNITED METHODIST CHURCH, INC											,
Suite, Apt. #, etc.    Suite, Apt. #, etc.										REINSTATEMENTO 07 - 10		
City & State FT WHITE, FLORIDA FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Status FT Certificate of Status Desired In Not Acceptable of Certification of Certif	Suite, Apt. #, etc. Suite, Apt. #,									<u> </u>		
Nort Applies   Stock	City & State City & State											
State   Zip Country   State   Zip Code   Titles   Signature of Registered agent   Signature of	FT WHITE, FLORIDA					FT WHITE, FLORIDA				5. FEI Numbe	er	Applied For Not Applicable
Name FREDRICK A YOUNG Street Address (P.O. Box Number is Not Acceptable)  425 SE STARDUST PLACE Suite, Apt. #, Etc.  City LAKE CITY  8. 1 State Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent of Micros and/or Director (Florida nonprofit corporations must list at least 3 directors)  Triles  OGARY S BUSSEY  D GARY S BUSSEY  D CARLTON BUSSEY  D ROBERT J BREYER  13025 S US HWY 441  LAKE CITY, FL 32025  D ROBERT J BREYER  13025 S US HWY 441  LAKE CITY, FL 32025  D LILLIAN WARD  321 SE HAWKINS CT  FT WHITE, FL 32038  D E-mail Address: Fly boy 1934 @ gmailson  (To be used for future angula report notification)  (To be used for future angula report notification)  Thurst contribution as provided for in chapter 607 or 617, F.S.   further certify that when filing  11,   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.   further certify that when filing  11,   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.   further certify that when filing  11,   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.   further certify that when filing  11,   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.   further certify that when filing  11,   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.   further certify that when filing  11,   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.   further certify that when filing		Country			1		Coun	try		E OF STATUS DESIRED . S8.	75 Additional Fee required for a Certificate of Status	
FREDRICK A YOUNG  Street Address (P.O. Box Number is Not Acceptable)  425 SE STARDUST PLACE  Suite, Apt. #, Etc.  City LAKE CITY  State FIL 32024  8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.  Signature of Registered Agent XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII												
the prior notices. By checking this box, you are certifying the prior notices were no received and requesting the reinstatemen fee be waived.  City LAKE CITY  State 32024  8. 1, 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 A									☐ The reinstatement fee is imposed, except in .			
Suite, Apt. #, Etc.  City LAKE CITY  State									circumstances which the entity did not receive the prior notices. By checking this box, you			
State   Zip Code   TOO 1 71869367   TO									are certifying the prior notices were not received and requesting the reinstatement			
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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names of Officers and/or Directors Officer and/or Director Director Director Officer and/or Director Officer and/or Director Director Death of Director Director Death of Director Director Death of Director Director Director Death of Director Di									fee be waived.			
Signature of Registered Agent Studerick A. Journal REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director Difficer Director Dire								FL 32024 03/11			/U1/18695 /1001025011	\$6
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip  D GARY S BUSSEY 532 SW BUSSEY GLN FT WHITE, FL 32038  D HARRY MOSELEY PO BOX 1321 FT WHITE, FL 32038  D CARLTON BUSSEY PO BOX 2695 HIGH SPRINGS, FL  D PATRICIA LANCASTER 498 SE BROWN ST LAKE CITY, FL 32025  D ROBERT J BREYER 13025 S US HWY 441 LAKE CITY, FL 32025  D LILLIAN WARD 321 SE HAWKINS CT FT WHITE, FL 32038	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.											
D GARY S BUSSEY  D HARRY MOSELEY  D CARLTON BUSSEY  D PATRICIA LANCASTER  D ROBERT J BREYER  D LILLIAN WARD  D LICHIT'S 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 I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that when filing I sale in the provided for in chapter 607 or 617, F.S. I further certify that I sale in the provided for in chapter 607 or 617, F.S. I further certify that I sale in the provided for in chapter 607 or 617, F.S. I furthe	REGISTERED AGENT MUST SIGN											
D HARRY MOSELEY PO BOX 1321 FT WHITE, FL 32038 D CARLTON BUSSEY PO BOX 2695 HIGH SPRINGS, FL D PATRICIA LANCASTER 498 SE BROWN ST LAKE CITY, FL 32025 D ROBERT J BREYER 13025 S US HWY 441 LAKE CITY, FL 32025 D LILLIAN WARD 321 SE HAWKINS CT FT WHITE, FL 32038  10. E-mail Address: Fly boy 1934 @ gmaileon of future annual report notification) 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	Titles . Name of						Street Address of Each			1	City / Sta	te / Zip
D HARRY MOSELEY PO BOX 1321 FT WHITE, FL 32038 D CARLTON BUSSEY PO BOX 2695 HIGH SPRINGS, FL D PATRICIA LANCASTER 498 SE BROWN ST LAKE CITY, FL 32025 D ROBERT J BREYER 13025 S US HWY 441 LAKE CITY, FL 32025 D LILLIAN WARD 321 SE HAWKINS CT FT WHITE, FL 32038  10. E-mail Address: Fly boy 1934@gmailsen To be used for future ennual report notification)  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	D ,	GARY S BUSSEY								GLN	FT WHITE,	FL 32038
D PATRICIA LANCASTER 498 SE BROWN ST LAKE CITY, FL 32025  D ROBERT J BREYER 13025 S US HWY 441 LAKE CITY, FL 32025  D LILLIAN WARD 321 SE HAWKINS CT FT WHITE, FL 32038  10. E-mail Address: Fly bey 1934@gma:(126.41)  (To be used for future annual report notification)  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	D	HARRY MOSELEY					PO BOX 1321					
D ROBERT J BREYER 13025 S US HWY 441 LAKE CITY, FL 32025  D LILLIAN WARD 321 SE HAWKINS CT FT WHITE, FL 32038  10. E-mail Address: Fly boy 1934 @ gmailsen  (To be used for future annual report notification)  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	D	CARLTON BUSSEY					P O BOX 2695			<u>,,</u>	HIGH SPRII	NGS, FL
D LILLIAN WARD  321 SE HAWKINS CT FT WHITE, FL 32038  10. E-mail Address: Fly boy 1934 @ gmailsen  (To be used for future annual report notification)  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	D	PATR	A LA	NCA	STER	498 SE BROWN ST			N ST	LAKE CITY	, FL 32025	
10. E-mail Address: Fly boy 1934@gmarlace.  (To be used for future annual report notification)  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	D	ROBERT J BREYER					13025 S US HWY 441			/Y 441	LAKE CITY,	FL 32025
(To be used for future annual report notification)  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	D	LILLIA	N W	ARE	)		321 SE HAWKINS CT			Т	FT WHITE, FL	32038
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. I further certify, 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 #												