

N970000004073

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL -2 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# N97-4073

1. Corporation Name *Church of the Body of Christ Inc*

700004478757--3
-07/17/01--01016--017
****358.75 ****358.75

2. Principal Office Address
1229 North Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 222284
Suite, Apt. #, etc.

City & State
Lake Worth, FL
Zip
33460
Country
U.S.

City & State
West palm Beach, FL
Zip
33422
Country
palm Beach

4. Date incorporated or Qualified To Do Business in Florida *Aug 10, 1997*
5. FEI Number *65-0766928*
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Hattie Marie Roberson*
Street Address (P.O. Box Number is Not Acceptable)
1102 N. Federal Highway
Suite, Apt. #, Etc.
City *Lake Worth, FL* State *FL* Zip Code *33460*

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 *Hattie Marie Roberson*
REGISTERED AGENT MUST SIGN

Date *June 20, 2001*

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
<i>D President</i>	<i>Bobby Gene Roberson</i>	<i>1102 North Federal Highway</i>	<i>Lake Worth, FL 33460</i>
<i>D Treasurer</i>	<i>Lillie Ruth Lewis</i>	<i>1221 South C Street</i>	<i>Lake Worth, FL 33460</i>
<i>D Treasurer</i>	<i>Carl Johnson</i>	<i>1221 South C Street</i>	<i>Lake Worth, FL 33460</i>
<i>D Secretary</i>	<i>Marie Roberson</i>	<i>1102 N. Fed Highway</i>	<i>Lake Worth, FL 33460</i>
		<i>Reinstat</i>	
		<i>7-9-01</i>	
		<i>MS</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 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:

Hattie Marie Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 588-6090
(561) 596-7729

CR2E081 (9/00)