


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 28 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004407

1. Corporation Name

Feed My Lambs Christian Fellowship

2. Principal Office Address

P.O. Box 561104
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 561104
Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32956 BREVARD

Zip

32956 BREVARD

REINSTATEMENT 02-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/1997

5. FEI Number

593390017

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

LATORDA CANNON FULLER

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

984 CARDON DRIVE

Suite, Apt. #, Etc.

500060019655

09/28/05--01004--004 **428.75

City

Rockledge

State

FL

Zip Code

32955

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

Latorda Cannon Fuller

Date 9/13/05

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<u>LATORDA CANNON FULLER</u>	<u>984 CARDON DRIVE Rockledge, FL 32955</u>	<u>Rockledge/FL/32955</u>
VPD	<u>TERENCE FULLER</u>	<u>984 CARDON DRIVE Rockledge, FL 32955</u>	<u>Rockledge/FL/32955</u>
VPD	<u>PISCILLA CANNON</u>	<u>984 CARDON DRIVE Rockledge, FL 32955</u>	<u>Rockledge/FL/32955</u>
TD	<u>ANTHONY PHILLIPS</u>	<u>983 CARDON DRIVE Rockledge, FL 32955</u>	<u>Rockledge/FL/32955</u>
JD	<u>BERNARD BRYANT</u>	<u>884 CHATSWORTH DR</u>	<u>MELBOURNE/FL/32940</u>
SD	<u>SHARON CANNON</u>	<u>984 CARDON DRIVE</u>	<u>Rockledge/FL/32955</u>

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: Latorda Cannon Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/05

Date

Daytime Phone #

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§ Barbra Bain 416 E. Pennsylvania Ave Rockledge Fl, 32955-3225