CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

00-03

FILED

03 MAR 31 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003387

1. Corporation Name

Church of Christ of Wildwood, Inc

2. Principal Office Address
5901 N.W. 56th Terr. #4

Suite, Apt. #, etc.

City & State
Ocala, FL

Zip 34482 | Country U.S.A

3. Mailing Office Address
5901 N.W. 56th Terr.

Suite, Apt. #, etc.

City & State
Ocala, FL

Zip 34482 | Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida   3-17-03

5. FEI Number   59-3480797 | 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
Gene Baker

Street Address (P.O. Box Number is Not Acceptable)
5901 N.W. 56th Terr

Suite, Apt. #, Etc.

City
Ocala, FL

State FL | Zip Code 34482

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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   Gene Baker

REGISTERED AGENT MUST SIGN

Date   3-14-03

CR2E081 (10/02)

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
Director	Gene Baker	5901 N.W. 56th Terr	Ocala, FL 34482
Director	Morrisine Walter	P.O. Box 541	Center Hill, FL 33514
Director	Tommy Walter	P.O. Box 54	Center Hill, FL 33514

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: Gene Baker   3-14-03   (352) 629-3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

TO whom it May Concern

This is a letter to inform you that I didn't receive receive an annual report form for the year of 2000 Therefore, would you please waive the $175.00 and except My check for $245.00 So that we may reinstate our non-profit Corporation.

Thank you
Gene Baker