

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 11 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004701

1. Corporation Name

THE CANOPY CHRISTIAN FELLOWSHIP, INC.

900009475169
12/11/02--01065--021 ***367.50

REINSTATEMENT 00-02

2. Principal Office Address

3660 Victoria Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

USA

3. Mailing Office Address

3660 Victoria Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

USA

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

08/09/1998

5. FEI Number

65-0855119

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

Lawrence E. Green

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

3660 Victoria Drive

Suite, Apt. #, Etc.

City

West Palm Beach,

State
FL

Zip Code

33406

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

REGISTERED AGENT MUST SIGN

Date

12/7/2002

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
P/D	Lawrence E. Green	3660 Victoria Drive	West Palm Beach, FL 33406
VP/D	Albert L. Harrell, III	14780 Horseshoe Trace	Wellington, FL 33414
S/T/D	Diana M. Harrell	14780 Horseshoe Trace	Wellington, FL 33414

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:

Diana M. Harrell

12-03-02

(561) 798-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)