

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 PM 5:25

DOCUMENT # 098000007267

1. Corporation Name

First United Methodist Church
of New Smyrna Beach, Inc.

REINSTATEMENT

01-06

2. Principal Office Address

310 Douglas St.

3. Mailing Office Address

310 Douglas St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach

City & State

New Smyrna Beach

Zip
32168

Country
USA

Zip
32168

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1998

5. FEI Number

59-1111497

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

Patricia Fillmore

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

712 Foxtail Ct.

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

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

Patricia Fillmore

REGISTERED AGENT MUST SIGN

Date 11/14/2006

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
President	Dan Young	3003 Tamarind Dr.	Edgewater, FL 32141
Sec/Treas	Patricia Fillmore	712 Foxtail Ct.	New Smyrna Beach, FL 32168
Director	Sharon Ohlson	111 Marion Ave.	Edgewater, FL 32132

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 filling 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 contained in Chapter 119, 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: *Patricia Fillmore* Patricia Fillmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2006 386-322-6171

Date

Daytime Phone #

39396