

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -7 AM 9:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07

CR2E081 (1/07)

DOCUMENT # P 01000037526

1. Corporation Name

AMERICAN Church Furnishings, Inc.

2. Principal Office Address - No P.O. Box #

806 Sorrento Pl

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 1827

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

City & State

NOKOMIS FL

Zip

34275

Country

USA

Zip

34274

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/2001

5. FEI Number

363816261

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

William D. Dilworth

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

806 Sorrento PLACP

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William D. Dilworth

Date

6/1/07

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
Pres	William D. Dilworth	806 Sorrento Pl	NOKOMIS FL 34275
V. P	Kristin MACEY	2421 Columbia Ln	Montgomery, IL 60538
Sec.	William D. Dilworth	806 Sorrento Pl	NOKOMIS FL 34275
	Mullin		

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 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:

William D. Dilworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/07 941-809-6754

Daytime Phone #

400104255324
06/12/07-01013-005 **758.75