

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAR 19 PM 2:11

STATE OF FLORIDA

DOCUMENT # N47015

1. Corporation Name

Christian Care Ministries of Plant City, Inc.

Principal Place of Business

Mailing Address

304 North Collins Street
 Plant City, FL 33566

304 North Collins Street
 Plant City, FL 33566

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/27/92

5. FEI Number

59-3139161

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
P/D	Schryver, Becky	3610 Bruton Road	Plant City, FL 33565
V/D	Wetherington, Ken	1016 Holloway Road	Plant City, FL 33567
S/D	Marra, Shasta	1122 Holloway Road	Plant City, FL 33567
T/D	Granger, Douglas W.	201 Dort Street, Suite A	Plant City, FL 33566
D	Tanksley, Cindi M.	304 N. Collins Street	Plant City, FL 33566

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DECLARATION STATEMENT 96-99 B. 3/24/99

8. Name and Address of Current Registered Agent

Calhoun, Oscar
 304 N. Collins Street
 Plant City, FL 33566
 (Rev. Calhoun is deceased)

9. Name and Address of New Registered Agent

Name: Stephen T. Morris
 Street Address (Post Office Box Number is Not Acceptable): 503 N. Palmer Street
 Suite, Apt. #, Etc.:
 City: Plant City
 State: FL Zip Code: 33566

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Stephen J. Morris

REGISTERED AGENT MUST SIGN

Date

3/12/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax)

12. 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.

CINDI M. TANKSLEY, (Executive) Director

SIGNATURE:

Cindi M. Tanksley Cindi M. Tanksley 3/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813/759-0886 Daytime Phone #

CR2E040 (12/96)