

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:33

DOCUMENT # N50787

1. Corporation Name

EAST HILL CHRISTIAN SCHOOL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1301 E GADSDEN
PENSACOLA FL 32501

1301 E GADSDEN
PENSACOLA FL 32501



REINSTATEMENT *BD*

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

4. Date Incorporated or Qualified To Do Business in Florida

09/08/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3145526

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DOYLE, ROGER	4 W. GADSDEN	PENSACOLA FL
TD	SPEED, JIM	2715 HEYWARD	PENSACOLA FL
D	JACKSON, RONALD	900 N. 12TH AVE.	PENSACOLA FL
			600003471466--1 -11/20/00--01156--012 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

WILSON, BILL
1301 E. GADSDEN
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William R Wilson
REGISTERED AGENT MUST SIGN

Date

10/25/2000

11. 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:

William R Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2000
Date

850 435-7741
Daytime Phone #

CR2E040 (8/00)