

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 26 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001111

1. Corporation Name

THE EMMA CURTIS HOPKINS COLLEGE AND THEOLOGICAL
SEMINARY, INC.

Principal Place of Business

Mailing Address

2465 NURSERY ROAD
CLEARWATER FL 34624

2465 NURSERY ROAD
CLEARWATER FL 34624

700009223547
11/26/02--01052--005 **236.25



REINSTATEMENT OR

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

03/04/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3176494

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THIEL, DOUGLAS C Clay C. Schuett	736 GLENGARY LN 417 20th Ave	PALM HARBOR FL 34683 Indian Rocks Beach, FL 33785
VPD	BERESTEIN, JOSEPH Sandi Fediuk	P.O. BOX 8444 500 S. Belcher Rd. #26	CLEARWATER FL 33758 Largo, FL 33774
SD	MONSOUR, RACHELE	400 ISLAND WAY, #1011	CLEARWATER FL 33767
TD	SWEET, JANET	5265 E. BAY DRIVE Unit 723.	CLEARWATER FL 33764

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~THIEL, DOUGLAS C~~ Christina Croft
736 GLENGARY LANE 2465 Nursery Road
PALM HARBOR FL 34683 Clearwater, FL
34624

Name Christina Croft, Director
Street Address (P.O. Box Number is Not Acceptable)
2465 Nursery Road
Suite, Apt. #, Etc.
City Clearwater State FL Zip Code 34624

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Christina Croft
REGISTERED AGENT MUST SIGN

Date

Nov 20, 2002

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:

Christina Croft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 20, 2002 (727) 458-3115

Date

Daytime Phone #