


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 07 JAN 15 AM 8:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
--	--	---

DOCUMENT # N93000005621
 1. Corporation Name
CHAPEL CHRISTIAN UNIVERSITY, INC.

Principal Place of Business	Mailing Address
870 Australian Street Merritt Island, Florida 32953	

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Address, If Applicable N/A Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida Dec. 21, 1993	5. FEI Number 59-3227116 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Titles)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/C/D	Dr. Leland McClanahan	870 Australian Street	Merritt Island, FL 32953
V/D	Dr. Lavaughn A. McClanahan	(The same as above)	
S/T/D	Dr. Elsie M. Frazier	65 Melbourne Street	Merritt Island, FL 32953
D	Dr. Randal K. Sharp	2505 Marlowe Place	Cocoa, FL 32926
D	Dr. Herman Keck, Jr.	5045 North Robberson	Springfield, Missouri 65803
D	Dr. John E. Blank	7013 Evergreen Drive	Cocoa, FL 32927

8. Name and Address of Current Registered Agent

Dr. Leland McClanahan
 870 Australian Street
 Merritt Island, Florida 32953

9. Name and Address of New Registered Agent

Name: N/A
 Street Address (P.O. Box Number is Not Acceptable): [Signature]
 Suite, Apt. #, Etc.: [Signature]
 City: [Signature] State: FL Zip Code: [Signature]

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.001, F.S. in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 of Registered Agent: Dr. Leland McClanahan
 REGISTERED AGENT MUST SIGN

Date: **January 13, 1997**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Dr. Leland McClanahan Date: **1-13-97** Daytime Phone #: **407-452-0135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP040 (12/95)