

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002372**

1. Corporation Name

CHRISTENDOM CORP

2. Principal Office Address

224 DATURA STREET

Suite, Apt. #, etc.

SUITE # 1100

City & State **FLORIDA**

WEST PALM BEACH

Zip **33401** Country **USA**

PALM BEACH

3. Mailing Office Address

224 DATURA STREET

Suite, Apt. #, etc.

SUITE # 1100

City & State **FLORIDA**

WEST PALM BEACH FLA

Zip **33401** Country **USA**

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0932934

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

MR DANIEL J. IMPERATO

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

529 SOUTH FLAGLER DRIVE

Suite, Apt. #, Etc.

APT 29F

City

WEST PALM BEACH

State
FL

Zip Code
33401

400003922974-1

-03/28/01-01013-004

******306.25 **** 306.25**

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

REGISTERED AGENT MUST SIGN

Date **March 8 2001**

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
Director	Daniel Imperato	529 S Flagler Dr	W.P.B. FLA 33401
Director	Debbie Imperato	529 S Flagler Dr	W.P.B. FLA 33401
Director	Shirley Turckley	Oaks Drive. W.P.B.	W.P.B. FLA 33401

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 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:

Daniel J. Imperato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2001 566832 5757

Date

Daytime Phone #

CRZE081 (9/00)