

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001111

Corporation Name

THE EMMA CURTIS HOPKINS COLLEGE AND THEOLOGICAL
SEMINARY, INC.

Principal Place of Business

Mailing Address

35 NURSERY ROAD
CLEARWATER FL 34624

2465 NURSERY ROAD
CLEARWATER FL 34624



REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/04/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3176494	
				Applied For	
				Not Applicable	
				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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SCHUETT, CLAYC	417 20TH AVE	INDIAN ROCKS BEACH FL 33785
VPD	FEDIUK, SANDI	500 S BELCHER RD #26	LARGO FL 33771
TD	SWEET, JANET	5265 E. BAY DRIVE UNIT 723	CLEARWATER FL 33764
PD	Alan Anderson	2546 Jay's Nest Lane	Holiday, FL 34691
VPD	Ann Luce	14878 55th Way N.	Clearwater, FL 33760

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROFT, CHRISTINA
2465 NURSERY ROAD
CLEARWATER FL 34624

Name

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

Suite, Apt. #: Etc.

City

State

Zip Code

500024508365
11/07/03-01050-004 **61.25

FL

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 H. Croft

Date

10/21/03

REGISTERED AGENT MUST SIGN

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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

10/21/03

Emma Curtis Hopkins College
and Theological Seminary
2465 Nursery Road
Clearwater, FL 33764
www.hopkinscollege.org
(727) 403-4553

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 4, 2003

To whom it may concern:

Due to a catastrophic fire in our building, we did not receive our renewal information in a timely manner.

Enclosed is the check for the annual report fee. Please accept our apologies for the delay in payment.

Sincerely,



Christina Hendrick Croft
Registered Agent

Registered Agent
Christina Hendrick Croft

Sincerely,