

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 OCT 28 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708257

1. Corporation Name

CENTERVILLE ROAD CHURCH OF CHRIST, INC.

Principal Place of Business

4015 CENTERVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address

4015 CENTERVILLE ROAD
TALLAHASSEE FL 32308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

N/A

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

N/A

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1964

5. FEI Number

59-1716108

Applied For

Not Applicable

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	HINDS, MAURICE RETIRED	2 SILKA DEER DRIVE	TALLAHASSEE FL
PD	KEAN, EDWARD H	11578 BUCK LAKE ROAD	TALLAHASSEE FL 32311
SD	TAYLOR, EUGENE	3208 W. BALDWIN DR.	TALLAHASSEE FL
VD	ROYALS, HORACE R JR.	8339 CABIN HILL ROAD	TALLAHASSEE FL 32311

8. Name and Address of Current Registered Agent

KEAN, EDWARD H
11578 BUCK LAKE RD
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

N/A

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
EDWARD H. KEAN

REGISTERED AGENT MUST SIGN

Date 10/22/02

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 REQUIRED
EDWARD H. KEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 850)576-2965

CR2E040 (8/02)

Church of Christ

4015 Centerville Road
Tallahassee, FL 32308
(904) 422-3720

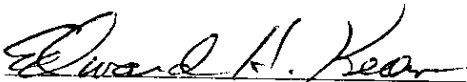
October 22, 2002

To whom it may concern,

I am returning the Reinstatement form along with our check #2198 in the amount of \$61.25.

I certify that we did not receive prior notification of filing.

Thank you for your consideration.


Edward H. Kean, Principal Director