

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719891

1. Corporation Name

Florida Christian Apartments, Inc.

2. Principal Office Address

1115 S. Edgewood Avenue
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

U.S.A.

3. Mailing Office Address

c/o National Benevolent Association
Attention: Bobette

Suite, Apt. #, etc.

11780 Borman Drive

City & State

St. Louis, MO

Zip

63146

Country

U.S.A.

400018305004
05/06/03--01096--023 **\$95.00

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/1970

5. FEI Number

591737422

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

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date *X 4-28-03*

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
P/D	Sterling C.B. Ellis	11780 Borman Drive	St. Louis, MO 63146
VP/D	C. Michael Spencer	11780 Borman Drive	St. Louis, MO 63146
ST/D	Robert H. Cleeland	11780 Borman Drive	St. Louis, MO 63146
D	Brad White	11780 Borman Drive	St. Louis, MO 63146
D	Steve Scopelleti	11780 Borman Drive	St. Louis, MO 63146
D	Frank Hungerford	11780 Borman Drive	St. Louis, MO 63146

10. I certify that I am an officer or director of 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 4-22-03

Daytime Phone #

X (314) 812-1722

Sterling C.B. Ellis, President

CR-2081 (1/02)

282

D Cecil Cook 8075 Lone Star Road, Jacksonville, FL 32211