


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **726377**

1. Corporation Name  
**FLORIDA CHRISTIAN COLLEGE, INC.**

|  |  |
|--|--|
| Principal Place of Business                      | Mailing Address                                  |
| 1011 BILL BECK BLVD.<br>KISSIMMEE FL 34744<br>US | 1011 BILL BECK BLVD.<br>KISSIMMEE FL 34744<br>US |

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 |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                          |
| City & State                                   | City & State                                 |
| Zip Country                                    | Zip Country                                  |

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 29 PM 4:56



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **06/25/1975**

5. FEI Number **51-0173775**

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P /        | LQWEN, A. WAYNE /                   | 1901 CHERYL LN /                                 | KISSIMMEE / FL       |
| AT         | MCNEELY, DAVID L.                   | 1536 ELMWOOD AVENUE                              | KISSIMMEE FL         |
| TO         | BURNAM, LAVON                       | 1235 LEMONWOOD RD.                               | JACKSONVILLE FL      |
| ST         | EYNON, SCOTT                        | 9590 N W 31ST PLACE                              | SUNRISE FL 33351     |
| P          | Buchanan, James R.                  | 2360 Oak Leaf Lane                               | Kissimmee, FL 34744  |

|  |  |
|--|--|
| 8. Name and Address of Current Registered Agent                | 9. Name and Address of New Registered Agent  |
| MCNEELY, DAVID L.<br>1011 BILL BECK BLVD<br>KISSIMMEE FL 34744 | Name <b>600004679766--2</b>  |
|  | Street Address (P.O. Box Number is Not Allowed) <b>-11/15/01--01004--018</b><br><b>****236.25 ****236.25</b> |
|  | Suite, Apt. #, Etc.  |
|  | City <b>10/23/01</b> State <b>FL</b> 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.

Signature of Registered Agent *David L. McNeely* Date 10/23/01

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: *David L. McNeely* Date 10/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)