PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED STATE



| 0 16 | <u>L</u> | Cape Coral, | | | State FL Zip Code 33914 re obligations of section 607.0505 or 617.0503, F.S. | | | | |
|--|---------------------|--|---------------------|--------------------------------------|---|--|--|--|--|
| | Suite, Apt | Suite, Apt. #, Etc. | | | | | | | |
| | | John G. Schultz Street Address (P.O. Box Number is Not Acceptable) 5412 Skyline BLVD | | | | | | | |
| | J | | | | | | | | |
| | Name | | 7. Name an | d Address of Current Regi | stered Agent | | | | |
| r.h | 33914 | LEE | 33914 | LEE | CERTIFICATE OF STATUS DESIRED S \$3.75 Additional Fee required to a Certificate of Status | | | | |
| CAPE CORAL, FL | | | CAPE CORAL, FL | | 5. FEI Number 59-6589375 Applied For Not Applicable | | | | |
| City & State | | | City & State | | 4. Date Incorporated or Qualified To Do Business in Florida 4/19/78 | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | ****263.75 ****263.75 | | | | |
| 2. Principal Office Address 1813 EL DORADO PKWY W | | 3. Mailing Office Address 1813 EL DORADO PKWY W | | 900004927759-09 -02/15/0201001022 | | | | | |
| | | E SERVANT CHU ORIDA, INC. | JRCH OF THE BR | RETHREN CAPE | | | | | |
| | CUMEN poration Name | T# 743 | 2521 (8) | | | | | | |
| | CORPORATE | | 99_sD | ARTMENT OF CTAT | O2 JAN 22 PM 4: 00 | | | | |

| Registered Ag | | AGENT MUST SIGN | Date 1/11/2002 |
|---------------|---|---|----------------------|
| 9. Names at | ind Street Addresses of Each Officer and/or Director (F | Florida nonprofit corporations must list at least 3 dir | ectors) |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / Starte / Zip |
| CD | Ron Reese | 503 NE Juanita Place | Cape Coral, FL 33909 |
| MD | John Karns | 5024 SW 11th Place | Cape Coral, FL 33914 |
| TD | John G. Schultz | 5412 Skyline Blvd. | Cape Coral, FL 33914 |
| | | | |
| | * | | An |
| | | A | , |
| 46 1 | | Ný. | |

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 filling 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 ceth.

SIGNATURE:

John J. Schulp John C. MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Christ the Servant Church of the Brethren

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1813 El Dorado Parkway West, Cape Coral, Florida 33914

(941) 549-1037

January 11, 2002

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

Subject: Corporation Reinstatement

To Whom It May Concern:

Christ the Servant Church has not filed a Nonprofit Corporation Annual Report since our last filing on 6/25/98. We are now filing for Corporation Reinstatement and I want to explain how this happened so that you may consider waiving the \$175 reinstatement fee.

As far as I can tell:

Our Church had a P.O. Box and recorded it as our Annual Report mailing address. At some point after our new board was installed in 98/99 and during our budget review, it was thought that a P.O. Box was an unnecessary expense and it was canceled. This resulted in the information packet for our next Annual Report filing to be returned to Tallahassee as undeliverable mail. We did not realize we were delinquent until just recently.

I thank you for your consideration in this matter.

JAM XX. AM

Seeking

Sharing

Serving