

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 743134

1. Corporation Name

FLORIDA CHRISTIAN MANOR, INC.

Principal Place of Business

Mailing Address

3505 CORBY STREET
JACKSONVILLE FL 32205

3505 CORBY STREET
JACKSONVILLE FL 32205

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1978

5. FEI Number

59-1862607

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S SD	BRITTON, TAMER	P.O. BOX 12163 N/A	JACKSONVILLE FL LS
T D	ETHRIDGE, JAMES B.	304 WILSONS MILLS ROAD	SMITHFIELD NC
D TD	Hillery, James UPDEGRAFF, BONITA	920 Plato Ave 3505 CORBY STREET, #011	Orlando, Fl 32809 JACKSONVILLE FL
ED D	Moore, Joan POOLEY, ROY	1718 Osceola St 1060 RIVER BLUFF	JACKSONVILLE FL 32204
VP PD	TUMBLIN, RICHARD	4202 BARBARA DRIVE	KNOXVILLE TN
P VD	Entwistle, Dan THOMPSON, WILLIAM L.	4019 Lake Mirage Blvd 1905 N PATTERSON STREET	Orlando, Fl 32817 VALDOSTA GA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

300002029043--B

-10/29/99--01048--023

***236.25 State ***236.25

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.

Signature of
Registered Agent

Deborah D. Skipper
REGISTERED AGENT MUST SIGN *as its agent*

Date 10-18-99

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 #

10-14-99

CR25040 (8/99)