

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 752803

1. Corporation Name

CHRISTIAN ENDOWMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 547152
ORLANDO FL 32854-7152
US

P.O. BOX 547152
ORLANDO FL 32854-7152
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

4. Date Incorporated or Qualified To Do Business in Florida

06/05/1980

5. FEI Number

59-2093912

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
PD	MAFFETT, DAN	2187 COUNTRY SIDE CIR SOUTH	ORLANDO FL
D	GILSTRAP, L A	3012 MERCY DR	ORLANDO FL
SD	SHILLING, MARCIA	1898 TURNBERRY TERR	ORLANDO FL
MD	DORMAN, PETER T.	35849 CR 439	EUSTIS FL
JD	POWELL, TOM	1938 MAPLELEAF DRIVE	WINDERMERE FL

8. Name and Address of Current Registered Agent

DORMAN, PETER T.
35849 CR 439
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Peter T. Dorman

Date 10/25/2000

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:

Peter T. Dorman

Managing Director
Current Registered Agent

10/25/2000 352
357-7557
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (8/00)

October 25, 2000

The Christian Endowment Foundation
POB 547152
Orlando, FL 32854-7152

Division of Corporations
Annual Report/ Reinstatement Section
POB 6327
Tallahassee, FL 32314-6327


Dear Correspondent:

Enclosed is our application for reinstatement. Our original filing and check was apparently returned by your department in June; however, we did not receive it and were surprised by the notice of dissolution.

We have completed the form with changes and enclosed our filing fee of \$61.25.

Thank you, for your prompt attention.

Sincerely yours,


Peter T. Dorman
Managing Director