PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION	Fl
REINS MATEUEN	
REINSTATEMEN	

LORIDA DEPARTMENT OF STATE **Katherine Harris**

> Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT#

752803

1. Corporation Name

CHRISTIAN ENDOWMENT FOUNDATION, INC.

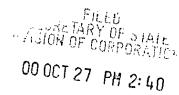
Principal Place of Business

Mailing Address

P.O. BOX 547152

ORLANDO FL 32854-7152

P.O. BO X547152 ORLANDO FL 32854-7152





If above ac	ddresses are	incorrect in any way, line t	hrough incorrect in	formation a	nd enter correction below	v.	_				
			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/05/1980					
Suite, Apt. #, etc. Su		Suite, Apt. #,	Suite, Apt. #, etc.		1				Applied For		
City & State		City & State	City & State		\dashv		59-2093912		Not Applicable		
Zip Country Zip			Zip	Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
7 Names a	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	rida nonprof	I	at leas	st 3 directors)	10003463	184	0==3	
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				-11/15/1001031008 *****6 Ptv2 State * 程序***61 . 25				
PD	MAFFETT, DAN 2			2187 C	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			
-HDC	POWELL, TOM				1938 MAPLELEAF DRIVE			WINDERMERE FL			
	-			-				X	BI	1/4	
	8. Nan	ne and Address of Curre	nt Registered Age	ent			9. Name and A	Address of New Registered	Agent		
Name									,		
DORMAN, PETER T.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)							
35849 CR 439 . EUSTIS FL 32726			Suite, Apt. #	Suite, Apt. #, Etc.							
10. I, being appointed the registered agent of the above named corporation, am familiar wit				City							
10. I, being	appointed th	e registered agent of fne a		oration, am t	familiar with and accept t	he ob	oligations of Secti				
Signature of Registered Agent Date 10/25/2000											
REGISTERED AGENT MUST SIGN											
11. I certify	that I am an	officer or director or the re-	ceiver or trustee er	npowered to	execute this application	as p	rovided for in cha	apter 607 or 617, F.S. I furthe	r certify th	at when filing	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 25, 2000

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

Division of Corporations Annual Report/ Reinstatement Section POB 6327 Tallahasssee, 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 disolution.

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