

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP -4 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # 757817

1. Corporation Name

CORNERSTONE CHRISTIAN CENTER INC.

2. Principal Office Address - No P.O. Box #

6200 W. NINE MILE ROAD

3. Mailing Office Address

6200 W. NINE MILE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL

Zip

32526

Country

USA

Zip

32526

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1981

5. FEI Number

591861861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH W. COLLINS

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

6200 W. NINE MILE ROAD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRAD STUTTS	4051 ROCKWAY CREEK RD	MC DAVID, FL, 32568
D	PAUL GLASS	4219 CROSSWINDS DR.	MILTON, FL. 32583

REINSTATEMENT
06-08

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09/04/08--01038--004 **183.75

10. 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 contained in Chapter 119, 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

09-02-08

Date

850-944-1775

Daytime Phone #