

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **759909**

1. Corporation Name

CHRISTIAN EDUCATION CENTER, INC.

Principal Place of Business

C/O WANDA L BELEW
3718-31ST AVE N
SAINT PETERSBURG FL 33713

Mailing Address

C/O WANDA L BELEW
3718-31ST AVE N
SAINT PETERSBURG FL 33713

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

09/03/1981

5. FEI Number

59-2116701

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BELEW, WANDA L	3718-31ST AVE N	ST PETERSBURG FL
VD	LEONARD, SHAWN	6311 66TH AVE NORTH	PINELLAS PARK FL 33781
SD	GRIM, DOTKIN (DOTTIE	2524 - 47TH AVE N	ST. PETERSBURG FL
TD	MOONEY, LISA M	3017 18TH STREET NORTH	SAINT PETERSBURG FL 33713
			000004669580--5 -11/06/01--01070--019 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELEW, WANDA L
3718-31ST AVE N
ST PETERSBURG FL

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

Wanda L. Belew
REGISTERED AGENT MUST SIGN

Date

October 17, 2001

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:

Wanda L. Belew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 525-1674
(727) 328-1971

CR25040 (8/01)