

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
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97 JAN 21 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR 90-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763304

1. Corporation Name  
THE CHRISTIAN SCIENCE SOCIETY OF BONITA SPRINGS,  
FLORIDA, INCORPORATED

Principal Place of Business Mailing Address  
13710 Southampton Drive  
Bonita Springs, Florida 34135 same

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 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  
May 14, 1982  
5. FEI Number 59-6564990  
Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DBC	Michael Gillespie	26750 McLaughlin Blvd.	Bonita Springs, FL 34134
D	Eleanor Cartwright	26900 Wedgewood Dr. #D401	Bonita Springs, FL 34134
D	Christina Lurvey	13710 Southampton Dr.	Bonita Springs, FL 34135
T	Robert Lurvey	13710 Southampton Dr.	Bonita Springs, FL 34135

REINSTATEMENT 90-97  
U. Alan

8. Name and Address of Current Registered Agent  
Rosemary Pursell  
10350 Main Drive  
Bonita Springs, Florida 34135

9. Name and Address of New Registered Agent  
Name Robert Lurvey  
Street Address (P.O. Box Number is Not Acceptable) 13710 Southampton Drive  
Suite, Apt. #, Etc.  
City Bonita Springs  
800002067418-2  
-01/24/97  
\*\*\*67-FL 34135673.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.  
Signature of Registered Agent: Robert P. Lurvey Date: 1/16/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the recover 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., and that all fees owed by the corporation have been paid. 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: Robert P. Lurvey Date: 1/16/97 Daytime Phone #: 941-495-8576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Lurvey, Treasurer