

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Handwritten:* 151 MARVIN CRIC

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # **763604**

1. Corporation Name

**NATIONAL CHURCH RESIDENCES OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

3933 PRITMORE RD  
 JACKSONVILLE FL 32257  
 US

2335 N. BANK DR.  
 COLUMBUS OH 43220  
 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

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1046830

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** *Handwritten initials*

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
P	SLEMMER, THOMAS W.	2335 N BANK DRIVE	COLUMBUS OH 43220
D	WILLIAM GIBEAUT	2335 NORTH BANK DR.	COLUMBUS OH 43220
VP	MICHELLE H. NORRIS	2335 NORTH BANK DR	COLUMBUS OH 43220
T	KERBER, STEVEN	2335 N BANK DR	COLUMBUS OH 43220
D	JONES, JOHN	2335 N BANK DR.	COLUMBUS OH 43220
ST	KASBERG, JOSEPH R.	2335 N BANK DR.	COLUMBUS OH 43220

8. Name and Address of Current Registered Agent

BLEGEN, LARRY  
 699 HABEN ROAD  
 PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name  
 Corporation Service Company  
 Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street  
 Suite, Apt. #, Etc. **300003478803-1**  
 -11/28/00--01091--005  
 City **Tallahassee** **FL** 32301  
 \*\*\*\*245.00 zip code

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

*Handwritten signature*  
 REGISTERED AGENT MUST SIGN

Date

*Handwritten:* 10/26/00

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:

*Handwritten signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Handwritten:* 11/01/00

Daytime Phone #

*Handwritten:* (614) 451-2151

CR2E040 (8/00)