

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **768879**

00 NOV -6 AM 11:27

1. Corporation Name

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

Principal Place of Business

Mailing Address

3150 SPINKS RD  
 SEBRING FL 33870  
 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.



REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/10/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1070769

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SLEMMER, THOMAS W.	2335 N BANK DRIVE	COLUMBUS OH
T	KERBER, STEVEN	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
D	JONES, JOHN L	2335 N BANK DRIVE	COLUMBUS OH
VP	NORRIS, MICHELLE H	2335 N BANK DRI	COLUMBUS OH
ST	KASBERG, JOSEPH R.	2335 N BANK DRIVE	COLUMBUS OH
D	GIBEAUT, WILLIAM	2335 NORTH BANK DRIVE	COLUMBUS OH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLEGEN, LARRY  
 699 HABEN ROAD  
 PALMETTO FL 34221

Name  
**Corporation Service Company**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street  
 Suite, Apt. #, Etc.  
 City  
 Tallahassee  
 State  
 FL  
 Zip Code  
 32301

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

*Signature of Registered Agent*  
 REGISTERED AGENT MUST SIGN

Date 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:

*Signature of Signing Officer or Director*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/01/00 (61A) 451-2151  
 Daytime Phone #

CR2E040 (8/00)