

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



REINSTATEMENT 00

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

06/10/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1070769

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

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 REQUIRED
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/00 (61A) 451-2151

CR2E040 (8/00)