

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/10/00

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV -6 AM 11:47

DOCUMENT # **768880**

1. Corporation Name

NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address

2335 NORTH BANK DRIVE
 COLUMBUS OH 43220

2335 NORTH BANK DRIVE
 COLUMBUS OH 43220



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *oo*

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

31-1070765

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BELLMAN, LARRY	2335 NORTH BANK DRIVE	COLUMBUS OH
D	JONES, JOHN L.	2335 NORTH BANK DRIVE	COLUMBUS OH
D	GIBEAUT, WILLIAM	2335 NORTH BANK DRIVE	COLUMBUS OH
VP	NORRIS, MICHELLE H	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
D	KERBER, STEVEN	2335 NORTH BANK DRIVE	COLUMBUS OH
VPST	KASBERG, JOSEPH R.	2335 NORTH BANK DRIVE	COLUMBUS OH

8. Name and Address of Current Registered Agent

BLEGEN, LARRY
 699 HABEN RAOD
 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. -11/28/00-01091-010
 City Tallahassee
 State FL Zip Code 32301
 *****245.00 *****245.00

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

11/01/00

Date

(614) 451-2151
 Daytime Phone #