

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 26 PM 5:17


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/28/07--01046--003 \*\*236.25

REINSTATEMENT

07

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768991

1. Corporation Name  
EPISCOPAL CHRISTIAN CARING  
FUND OF CENTRAL FLORIDA, INC

2. Principal Office Address --No P.O. Box # 1017 E. ROBINSON Suite, Apt. #, etc.		3. Mailing Office Address 1017 E. ROBINSON Suite, Apt. #, etc.	
City & State ORLANDO		City & State ORLANDO	
Zip 328012023	Country USA	Zip 328012023	Country USA

4. Date incorporated or Qualified To Do Business in Florida JUNE 6, 1983

5. FEI Number 59 2367721

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

7. Name and Address of Current Registered Agent

Name  
JULIE STANICK

Street Address (P.O. Box Number is Not Acceptable)  
1616 FOX GLEN

Suite, Apt. #, Etc.  
L

City  
WINTER SPGS, FL

State  
FL

Zip Code  
32708

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date Oct 29, 07  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Julie Stanick	1616 FOX GLEN	WINTER SPGS FL 32708
VP	Rev. Colbert Norvalle	688 Cenopy Ct.	Winter Spgs. FL 32708
S	Gail Pascio	3009 North Rd.	Cocoa, FL 32926
T	Rev. Timothy Nunez	5750 SE. 115 <sup>th</sup> ST.	Belleriew FL 34420
D	Pat Townsend	5051 Bermuda Circle	Orlando, FL 32808
D	Lynn Woolard	971 S. Tropical Trail	Merrill Isl. FL 32952

10. 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 contained in Chapter 119, 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] JULIE STANICK Date Oct 29, 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/29  
aw