

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
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:36

DOCUMENT # **N00000005798**

1. Corporation Name

CHRIST COMMUNITY, INC.

Principal Place of Business

**3149 BELLE CHRISTIANE PLACE
PENSACOLA FL 32503**

Mailing Address

**3149 BELLE CHRISTIANE PLACE
PENSACOLA FL 32503**



REINSTATEMENT # 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2000

5. FEI Number

059-3666448

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELL, KENNETH	3149 BELLE CHRISTIANE PLACE	PENSACOLA FL 32503
D	BREAULT, MICK	2700 ATMORE HWY 97	MOLINO FL 32577
D	PEACOCK, RANDY	1822 KINGSTREE DRIVE	CANTONMENT FL 32533
D	SIMMONS, DEVIN	870 COPPER RIDGE DRIVE	CANTONMENT FL 32533

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*****236.25 ***236.25**

8. Name and Address of Current Registered Agent

**FLEMING, EDWARD P
4300 BAYOU BLVD STE 13
PENSACOLA FL 32503**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Edward P. Fleming
REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

Kenneth Bell **10/11/01** **(850) 595-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #