

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00767**

1. Corporation Name

**APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS,
INCORPORATED**

Principal Place of Business

Mailing Address

2801 RUSTIC LANE
NORTH FT MYERS FL 33903

2801 RUSTIC LANE
NORTH FT MYERS FL 33903

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1984

5. FEI Number

59-2635467

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KELLER, ARTHUR	711 TAPLOW	SOUTH VENICE FL 33595
D	YERGLER, RONALD	7132 TEABERRY	ENGLEWOOD FL
D	MASTERS, WILLIAM Masters, William	2421 COLLIER AVE 126 SW 57th Street	CAPE CORAL FL 33901 Cape Coral, FL 33914
C	STEFFEN, MARTIN Steffen, Martin	324 SOUTH DRIVE 3880 10th Avenue SE	NOKOMIS FL 34475 Naples, FL 34117
MT	BEER, VICTOR	823 FT. THOMPSON AVE.	LABELLE FL 33935
S	HUETTE, JANE	4819 S.W. AVE	CAPE CORAL FL 33914

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DOUGLAS, GARY~~
~~324 SOUTH DRIVE~~
~~NOKOMIS FL 34475~~

Name

Martin Steffen

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

3880 10th Avenue SE

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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. or 617.0505, F.S.

Signature of
Registered Agent

Martin Steffen

REGISTERED AGENT MUST SIGN

Date

10-26-03

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:

Martin Steffen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-03

Daytime Phone #

239-

540-9377

CR2E040 (7/03)