

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # N01000006263

1. Corporation Name

CHRISTIAN HOME FUND INC.

REINSTATEMENT 03

Principal Place of Business

402 I11 AVE  
LYNN HAVEN FL 32444

Mailing Address

402 I11 AVE  
LYNN HAVEN FL 32444



200024739482  
11/17/03--01015--017 \*\*61.25

MPS

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

08/30/2001

5. FEI Number

27-0001133

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
PDBM	ZAIGER, CHRISTOPHER S	402 ILL AVE	LYNN HAVEN FL 32444
DBM	KEEFE, KELLY L	7200 PAUL RD	PANAMA CITY FL 32404
DBM	NELSON, BENNIE	5433 JULIE DRIVE	PANAMA CITY FL 32404
MGRM	KEFFE, KELLY L	7200 PAUL RD	PANAMA CITY FL 32404
MGRM	NELSON, BENNIE	3433 JULIE DRIVE	PANAMA CITY FL 32404

8. Name and Address of Current Registered Agent

ZAIGER, CHRISTOPHER S  
402 I11 AVE  
LYNN HAVEN FL 32444

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Christopher S. Zaiger*  
REGISTERED AGENT MUST SIGN

Date Nov 7, 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:

*Christopher S. Zaiger President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 7, 03  
Date

Daytime Phone #

CR2E040 (7/03)

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Christian Home Fund Inc.  
402 Illinois Avenue  
Lynn Haven, fl. 32444  
PH# 850-248-3079  
Tax # 27-0001133

To whom it may concern,

I did not receive any corporation annual report / uniform business reports to be filed for this year. I only received the administrative dissolution of the corporation document. I am sending the filing fee with the understanding that we do not have to pay the reinstatement fee.

Thank You

Christopher S. Zaiger  
President