

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000007074

1. Corporation Name

Brewer Christian College and
Graduate School, Inc.

2. Principal Office Address

1509 DERRINGER Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1509 DERRINGER Rd.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32225

Country

DUVAL

Zip

32225

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2001

5. FEI Number

65-1147837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth L. Brewer

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

1509 DERRINGER ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

100027766551

01/29/04 01020 000 **29

100027766551

02/06/04--01018--011 **61

State
FL

Zip Code
32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth L. Brewer

Date

1/26/2004

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
<u>P.D.</u>	<u>Kenneth L. Brewer</u>	<u>1509 DERRINGER ROAD</u>	<u>JACKSONVILLE, FL. 32225</u>
<u>VD</u>	<u>MARY JANE F. Brewer</u>	<u>1509 DERRINGER ROAD</u>	<u>JACKSONVILLE, FL. 32225</u>
<u>VD</u>	<u>Christopher K. Brewer</u>	<u>1509 DERRINGER ROAD</u>	<u>JACKSONVILLE, FL. 32225</u>

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 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 L. Brewer (Kenneth L. Brewer)

1/26/2004

904-566-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)