

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 # **N01000007744**

1. Corporation Name

**CONNIE BEND FAITH BASED TRAINING INSTITUTE, INC.**

Principal Place of Business

11680 CARAPACE LANE  
JACKSONVILLE FL 32218

Mailing Address

P.O. BOX 28081  
JACKSONVILLE FL 32226

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

10/31/2001

5. FEI Number

59-3758221

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
PD	BEND, CONNIE M	11680 CARAPACE LANE	JACKSONVILLE FL 32218
SD	THOMAS, MICHAEL K	1462 PRINCE STREET	JACKSONVILLE FL 32208
VD	WASHINGTON, GREGORY	4461 SUMMER WALK COURT	JACKSONVILLE FL 32258
TD	WASHINGTON, NATHANIEL S	7235 DOSTIE DRIVE EAST	JACKSONVILLE FL 32209
M	ROGERS, SHIRLEY	3119 KINGSTON STREET	JACKSONVILLE FL 32254

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10/17/03--01016--008 \*\*236.25

8. Name and Address of Current Registered Agent

BEND, CONNIE M  
11680 CARAPACE LANE  
JACKSONVILLE FL 32218

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

*Connie M. Bend*  
REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

*Connie M. Bend*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)751-1834  
10/15/03

FILED

03 OCT 17 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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