

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000006813

1. Corporation Name

Christ Centered Crusades International, Inc.

2. Principal Office Address - No P.O. Box #

4690 Old Winter Garden Rd

3. Mailing Office Address

P.O. Box 580236

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32808

Country

USA

Zip

32858

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/04/2002

5. FEI Number

03-0108090

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  
Lola Sams

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

4690 Old Winter Garden Rd

Suite, Apt. #, Etc.

City  
Orlando, Florida

State  
FL

Zip Code  
32808

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 02/01/2007

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
PD	Lola Sams	4690 Old Winter Garden Rd	Orlando, Florida 32808
D	Hillard Zeek	2205 Artrium Circle	Orlando, Florida 32808
D	Peggy Lamb	171 Sherman Dr Circle	Orlando, Florida 32808

REINSTATEMENT

06-07

B2/24/07

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 contained in Chapter 119, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2007

Date

407 297-3700

Daytime Phone #

FILED

2007 FEB 22 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E081 (1/07)



*BJ Adams*  
*& Associates*

Professional Accountants

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February 1, 2007

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

This letter is to inform you that Christ Centered Crusades International, Inc. has never received their reinstatement notice for 2006 or 2007. Due to these circumstances we are asking that you abate the restatement fees. The payment of \$122.50 is enclosed for the said years. If there are any questions concerning this matter please feel free to contact me at 407 207-3700. The Document # N02000006813.

Your consideration concerning this matter is greatly appreciated.

Cordially,

Barbara J. Adams  
Accountant

Christ Centered Crusades International, Inc. Lola Sams, President

Barbara J. Adams, CEO  
805 S. Kirkman Rd. - Ste 203 - Orlando, FL 32811  
(407) 297-3700 Office - (407) 297-3500 FAX  
1-800-897-3230 Toll Free  
email : bjadamsnassoc@yahoo.com