

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV -6 AM 11:29

DOCUMENT # **N02568**

1. Corporation Name
NATIONAL CHURCH RESIDENCES OF DADE COUNTY, FL., INC.

Principal Place of Business	Mailing Address
%ROBERT P. RENFROW 6830 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707-1208	2335 NORTH BANK DRIVE 6830 CENTRAL AVENUE, SUITE B COLUMBUS OH 43220 US



REINSTATEMENT *BS*

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		4. Date Incorporated or Qualified To Do Business in Florida 04/16/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 31-1094835	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
ST	JOSEPH R. KASBERG	2335 NORTH BANK DRIVE	COLUMBUS OH
D	GIBEAUT, WILLIAM	2335 NORTH BANK DR	COLUBUS OH
D	JONES, JOHN	2335 N BANK DR.	COLUMBUS OH
T	KERBER, STEVEN	2335 N BANK DR	COLUMBUS OH 43220

10/11/24 00003478814--7
 -11/28/00--01091--014
 *****245.00 *****245.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLEGEN, L 699 HABEN RD PALMETTO FL 34221		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	

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.
 Signature of Registered Agent *Marcia R. Keller* Date 10/26/00
 REGISTERED AGENT MUST SIGN

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E040 (8/00)