

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000008220

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Entity Name:** CHRISTIAN CARE COUNSELING CENTER INC.

**Current Principal Place of Business:**

3401 LAKE BREEZE DRIVE #601A  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3401 LAKE BREEZE DRIVE #601A  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 04-3776239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRUMER, BARRY N  
3401 LAKE BREEZE DRIVE #601A  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JUAN CARLOS AMESTY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** AMESTY, JUAN C  
**Address:** 3401 LAKE BREEZE DR  
**City-St-Zip:** ORLANDO, FL 32808

**Title:** D  
**Name:** AMESTY, DINORATH C  
**Address:** 925 S KIRMAN RD #209  
**City-St-Zip:** ORLANDO, FL 32811

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JUAN CARLOS AMESTY

PRES

11/03/2010

Electronic Signature of Signing Officer or Director

Date