


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 16 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07
CR2E081 (1/07)

DOCUMENT # N04000003370
1. Corporation Name
Christ Centered Christian Church of
Orlando, Inc.
W07000037793

2. Principal Office Address - No P.O. Box #
5122 Edgewater Dr.
Suite, Apt. #, etc.
Suite 100
City & State
Orlando, FL
Zip
32810 Country
USA

3. Mailing Office Address
P.O. Box 590385
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip
32859 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 3/25/2004

5. FEI Number
20-0958487 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
Tony Preston


Street Address (P.O. Box Number is Not Acceptable)
598 Parkside Pointe Blvd.

Suite, Apt. #, Etc.

City
Apopka State
FL Zip Code
32712

☒ 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  Date 7/20/2007


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
Treasurer	<u>Alethea Preston</u>	<u>598 Parkside Pointe Blvd</u>	<u>Apopka, FL 32712</u>
Officer	<u>Tony Preston</u>	<u>598 Parkside Pointe Blvd.</u>	<u>Apopka, FL 32712</u>

REINSTATEMENT 05-07 800107087269
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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:  Date 7/27/07 Daytime Phone # 407-4642166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/07