

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05000011173

1. Corporation Name

CENTRAL CHRISTIAN UNIVERSITY INC

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

3401 LAKE BREEZE DR.

Suite, Apt. #, etc.

601-A

City & State

ORLANDO FL

Zip

32808

W 080000018918

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

7. Name and Address of Current Registered Agent

Name

DR JUAN CARLOS AMESTY

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

3401 LAKE BREEZE DR

Suite, Apt. #, Etc.

SUITE 601-A

City  
ORLANDO

State  
FL

Zip Code  
32808

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

REGISTERED AGENT MUST SIGN

Date

05-15-08

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
PRES	JUAN CARLOS AMESTY	5160 CLARION HAMMOCK DR	ORLANDO FL 32808
D.	DINORAHT AMESTY	5160 CLARION HAMMOCK DR	ORLANDO FL 32808
D	EULOGIO AMADO RODRIGUEZ	3401 LAKE BREEZE	ORLANDO FL 32808
D	JUAN CARLOS LUGO	3401 LAKE BREEZE	ORLANDO FL 32808

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:

*Ansley Lewis*

05-15-08

407-2901609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JUL 14 2008

FILED  
2008 JUL 14 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700130723127  
06/04/08-01008-016 \*\*122.50

CR2E081 (12/07) 4-14-08 01031015 \* 61.25

06-08

**REINSTATEMENT**

5. FEES NUMBER  
20-3760873

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

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.