


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06986

1. Corporation Name

FLORIDA CHRISTIAN COLLEGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1011 BILL BECK BLVD
KISSIMMEE FL 34744-4402
US

1011 BILL BECK BLVD
KISSIMMEE FL 34744-4402
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1985

5. FEI Number

59-2497200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	LOWEN, WAYNE	1011 BECK BLVD.	KISSIMMEE FL
TD	JOHNSON, PAUL S.	7977 GUN CAYAVE.	ORLANDO FL 32822
PD	SMITH, FRED	4924 SPRING GLEN RD	JACKSONVILLE FL
D	J.R. Buchanan	1011 Bill Beck Blvd.	Kissimmee FL 34744
			900004690249--1
			-11/21/01--01018--008
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWEN, A. WAYNE
BILL BECK BLVD.
KISSIMMEE FL 34744

Name David L. McNeely

Street Address (P.O. Box Number is Not Acceptable)
1011 Bill Beck Blvd.

Suite, Apt. #, Etc.

Kissimmee

City

State

Zip Code

FL

34744

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

David L. McNeely
REGISTERED AGENT MUST SIGN

Date 10/26/01

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:

J.R. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/01

407-847-8922
X311

FILED

01 OCT 29 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2040 (8/01)