

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N19385**

1. Corporation Name

Christian Development Center, Inc

2. Principal Office Address - No P.O. Box #  
1841 Evergreen Avenue

Suite, Apt. #, etc.

3. Mailing Office Address  
1841 Evergreen Avenue

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip Country  
32206 Duval

Zip Country  
32206 Duval

4. Date Incorporated or Qualified  
To Do Business in Florida 02/05/1987

5. FEI Number Applied For  
59-2756832 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  
CREECH, SYLVIA R

Street Address (P.O. Box Number is Not Acceptable)  
725 CHERRY BARK DR. N

Suite, Apt. #, Etc.

City State Zip Code  
JACKSONVILLE FL 32218

**S. HAWKES**

AUG - 2012

**EXAMINER**

**REINSTATEMENT**

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. 2005-12

Signature of Registered Agent *[Signature]*

Date 6/28/12

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
PD	Dessie B Pollard, Jr	9453 Sappington Avenue	Jacksonville, FL 32208
VD	Paula L Pollard	9453 Sappington Avenue	Jacksonville, FL 32208
SD	Geraldine P Presha	1052 E. 10TH Street	Jacksonville, FL 32206
TD	Barry C Case	11210 Young Road	Jacksonville, FL 32218
DD	Melissa P Case	11210 Young Road	Jacksonville, FL 32218

10. E-mail Address: 3583342@att.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Melissa P Case*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/28/12

Date Daytime Phone #

FILED  
12 AUG 30 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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