

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 NOV 16 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **W48630**

1. Corporation Name

Christ the King Evangelical Lutheran Church Inc.

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

23456 Olean Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Zip

33980

Country

Charlotte

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 27, 1992

5. FEI Number

65-0335823

☐ 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

John Gorton

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

531 Azalea Dr. NW

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

REINSTATEMENT

000241904150
11/16/12--01024--002 **358.75

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

John Gorton

REGISTERED AGENT MUST SIGN

Date **11-14-2012**

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	John Gorton	531 Azalea Dr. NW	Port Charlotte, FL 33952
Sec	Brian Taylor	4551 Brickell Dr	North Port, FL 34286
Treas	Walt Thompson	26056 Olla Ct	Punta Gorda, FL 33983

10. E-mail Address: **adminctk@gmail.com**

(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:

John Gorton **John Gorton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-2012

Date

Daytime Phone # **941-763-2903**