

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000000251

1. Corporation Name

FLORIDA CHRISTIAN MINISTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1011 BILL BECK BLVD  
KISSIMMEE FL 34744

1011 BILL BECK BLVD  
KISSIMMEE FL 34744

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

01/14/1993

5. FEI Number

NOT APPLICABLE

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
DP	<del>TOKAR, CHET</del> Schwingel, Tod	<del>124 MARCIA DRIVE</del> 5720 Lakewood Rd.	ALTAMONTE SPRINGS FL 32714- Sebring, FL 33875
DV	<del>SMITH, FRED III</del> Robison, Lee	<del>5405 WEST PAWNEE DRIVE</del> 3241 Peachtree St.	BEVERLY HILLS FL 34465 Sarasota, FL 34231
DS	SHARP, ROBERT V	101 NORTH TAYLOR RD	SEFFNER FL 33584
DT	<del>BOLEJACK, ARLIN DR</del> Trout, Mark	<del>133 NE PINE ISLAND RD</del> 11150 SW 109th Place	CAPE CORAL FL 33909- Dunnellon, FL 34432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LOWEN, A W~~  
FLORIDA CHRISTIAN COLLEGE  
1011 BILL BECK BLVD  
KISSIMMEE FL 34744

Name  
William K Behrman  
Street Address (P.O. Box Number is Not Acceptable)  
Florida Christian College  
Suite, Apt. #, Etc.  
1011 Bill Beck Blvd.  
City  
Kissimmee  
State  
FL  
Zip Code  
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

William K Behrman

REGISTERED AGENT MUST SIGN

Date

11/27/01

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:

Mark G. Trout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/01

Date

352-489-5830

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -4 PM 6:54



REINSTATEMENT 01

CP2E040 (8/01)