PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Ike Courtney

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -6 AM 11:52

DOCUMENT # N93000005506

1. Corporation Name

NATIONAL CHURCH RESIDENCES OF PALMETTO, FL, INC

Principal Place of Business	Mailing Address
2335 N BANK DR COLUMBUS OH 43220	2335 N BANK DR COLUMBUS OH 43220

REINSTATEMENT

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: 11/29/1993

5. FEI Number: 31-1390353 ☐ 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
D	BELLMAN, LARRY	2335 N BANK DR	COLUMBUS OH 43220
T	KERBER, STEVEN	2335 N BANK DR	COLUMBUS OH 43220
D	GIBEAUT, WILLIAM	235 N BANK DR	COLUMBUS OH 43220
D	JONES, JOHN L	2335 N BANKS DR	COLUMBUS OH 43220
D	KERBER, STEVEN	2335 N BANKS DR	COLUMBUS OH 43220
P	NORRIS MICHELLE H	2335 NORTH BANK DR	COLUMBUS OH

8. Name and Address of Current Registered Agent

BLEGEN, LARRY
699 HABEN ROAD
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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-11/28/00--01091--007
****245.00

CR2E040 (8/00)

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: Maureen N. Cullen Date: 10/26/00
REGISTERED AGENT MUST SIGN

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: SIGN HERE [signature] 11/01/00 (614)457-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #