PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
1997 JUL -9 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001286

1. Corporation Name

Cornerstone Church and Seminary, Inc.

Principal Place of Business	Mailing Address
106 Estia Lane Port St. Lucie, FL 34983	same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97

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: 03/15/94

5. FEI Number: 59-3262277 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Moore, Mary	106 Estia Lane Port St. Lucie, FL	34983
SD	Anderson, Jerrie Rene'e	106 Estia Lane Port St. Lucie, FL	34983
SD	Sandilli, Karen	106 Estia Lane	Port St. Lucie, FL 34983
TD	Shaw, Jack	12 Water Street	Jacksonville, FL 32202

$306.25
S.T. from Dir. of Blind Services

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Walbridge, Mary 6121 Robbins Circle North Jacksonville, Fl 32211	Name: Moore, Mary Street Address (P.O. Box Number is Not Acceptable): 106 Estia Lane Suite, Apt. #, Etc.: City: Port St. Lucie, FL State: FL Zip Code: 34983

CR2E040 (12/96)

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: Mary Moore — REGISTERED AGENT MUST SIGN — Date: 6/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: MARY MOORE — PD — 6/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Moore, Mary

PAGE NO. 1 of 2

STATE OF FLORIDA — VOUCHER SCHEDULE — DATE 06/27/97 — S-W/Agency Voucher No. D70-0067-7871 002311 G

OLO 540000 JT-2
DEPARTMENT DIVISION OF BLIND SERVICES
SITE BLES-BLIND SERVICES (54-85)

COMPTROLLER ACCOUNT NUMBER / CF / COMPTROLLER ACCOUNT NAME / INVOICE / INVOICE AMOUNT	OBJECT CODE	TRANS CODE 25 AMOUNT INCREASE	TRANS CODE 45 AMOUNT INCREASE
54101000255-5485000000-10048700 GRANTS AND AIDS-VOCATIONAL REHABILITATION INV: K74261 306.25	2530	306.25	
45202130001-4530000000-00010000 FEES			306.2
TOTAL		306.25	306.2

TRANSACTION TYPE: JOURNAL ADVICE

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

APPROVED: Donna Sadlock

TITLE Asst III

For State Comptroller's Use Only

Time In

Audited By

(20)

FRPJT4 - 01 RUN DATE 07/01/97 AS OF 06/30/97
FMAS - CENTRAL ACCOUNTING

450000 00
PAGE 2

Called Debbie 7-7-97

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

Manual

JDIT LOCATION - STATEWIDE
LOC 450000 - DEPARTMENT OF STATE
ID 00 - DEPARTMENT OF STATE

OLO 540000 - DEPARTMENT OF LABOR AND EMPLOYMENT SECUR
SITE 36 - DLES-BLIND SERVICES (54-85)
(904)488-1330

SWDN D7000677871 ADOCNO V002311

From: 000100
To: 001200

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
4 10 1 000255 54850000 00 100487 00		25	2530	306.25	45 20 2 130001 45300000 00 000100 00 INVOICE # K74261		45	
							306.25	
TRANSACTION CODE TOTAL - 25		306.25	45	306.25				

#96

45301010
R2
012003
posted 7-8-97
r

PP1 = Y

RECEIVED
97 JUL -2 AM 11:03
FINANCIAL MANAGEMENT

Cat

PP1=Y Do #96 <306.25> 45301010 EOR2 012003 001200
306.25 45301010 EO22 012003 000100
done 7-11-97
r

SEP 03 '97 11:31AM JURISCO