

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 DEC -9 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003188

1. Corporation Name

CHRISTIAN MARK PERRY FOUNDATION, INC.

Principal Place of Business

27 HIGHLAND AVE
ORMOND BEACH FL 32174

Mailing Address

27 HIGHLAND AVE
ORMOND BEACH FL 32174

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1301 Oak Forest Drive

City & State
Ormond Beach, FL

Zip 32174 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1301 Oak Forest Drive

City & State
Ormond Beach, FL

Zip 32174 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1994

5. FEI Number

59-3267969

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDC	MOORE, WILLIAM T. I	1340 RIDGEWOOD AVE	HOLLY HILL FL
VD	SKUDA, KRISTY	4421 S ATLANTIC AVE B-8	PONCE INLET FL
TD	RICHARDSON, JUDITH M.	1899 S. CLYDE MORRIS	DAYTONA BEACH FL
SD	THOMAS, PAMELA J.	1621 JOHN ANDERSON DR	ORMOND BY THE SEA FL
D	MAHER, REV. JOSEPH A.	80 BLUEBIRD LANE	ORMOND BEACH FL

8. Name and Address of Current Registered Agent

MOORE, WILLIAM T
27 HIGHLAND AVE
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

1301 Oak Forest Drive

Suite, Apt. #, Etc.

700002373637--7

City

Ormond Beach

-12/16/97-01075-008

***236.25

State

FL

Zip Code

32174

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 T. Moore
William T. Moore, Registered Agent

Date

12-4-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Pamela J. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pamela J. Thomas, Secretary of State

12-4-97

(904) 676-7192

Date

Daytime Phone #

CR2E040 (9/97)