

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**

1998 DEC 17 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N96000002799**

1. Corporation Name

**ST. AUGUSTINE CHRISTIAN SERVICE CENTER, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 860014  
ST. AUGUSTINE FL 32086

POST OFFICE BOX 860014  
ST. AUGUSTINE FL 32086



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		4. Date Incorporated or Qualified To Do Business in Florida <b>05/20/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>31-1607979</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<b>BAC</b>	TURNER, LOIS	1065 KINGS ESTATE RD	ST AUGUSTINE FL
<b>YD</b>	CANEPA, PAUL C	6900 US 1 SOUTH	ST AUGUSTINE FL
<b>YD</b>	NEWTON JR, LAVOY G	865 S WHITNEY ST	ST AUGUSTINE FL
<b>YD</b>	HELLIER, AUDREY	420 CAMELIA TRAIL	ST AUGUSTINE FL
<b>REINSTATEMENT</b> '98			
SCC 12-17-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, LOIS REV  
1065 KINGS ESTATE ROAD  
ST. AUGUSTINE FL 32086

Name\*\*

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Lois Turner*

REGISTERED AGENT MUST SIGN

Date

**12/22/98**

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:

*Lois Turner* **RELOIS TURNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/22/98** 904-797-6040

Daytime Phone #

CR2E040 (8/98)