

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -8 PM 5:05

DOCUMENT # N96000006557

1. Corporation Name

ANNA MARIA ISLAND CHRISTIAN FOUNDATION CENTURIO
N PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

203 LAKEVIEW DR
ANNA MARIA FL 34216
US

POST OFFICE BOX 900
ANNA MARIA FL 34216



REINSTATEMENT

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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/26/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0824957	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCCULLOUGH, JAMES E	203 LAKEVIEW DR	ANNA MARIA FL
PD	PACE, JOHN A	203 LAKEVIEW DR	ANNA MARIA FL
VPD	PACE, KIM L	203 LAKEVIEW DR	ANNA MARIA FL
D	HAUN, CHARLES	203 LAKEVIEW DR	ANNA MARIA FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PACE, JOHN A
105 39TH STREET
HOLMES BEACH FL 34217

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-31-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 778-5433

CR2E040 (8/00)