PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY -5 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004493**

1. Corporation Name

CHRISTIAN CHAMBER OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
8191 COLLEGE PARKWAY, SUITE 206 FT MYERS FL 33919	8191 COLLEGE PARKWAY, SUITE 206 FT MYERS FL 33919

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

REINSTATEMENT 98-99 TBP 5/1/99

4. Date Incorporated or Qualified To Do Business in Florida: 08/04/1997

5. FEI Number: 65-0787424 ☐ 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
D	BLACK, GLENN E, President	8191 COLLEGE PARKWAY, SUITE 206	FT MYERS FL 33919
D	RICE, PHILIP W, Vice President	~~24110 PRODUCTION CIRCLE~~ 8981 Quality Rd.	BONITA SPRINGS FL ~~33923~~ 34135
D	~~NELSON, JOHN J~~ Mike Shelley Treasurer	~~6341 MORGAN LA FEE~~ P.O. Box 61721	FT MYERS FL ~~33912~~ 33906
D	Tana Lonon-Rogers Secretary	5701 Division Dr., SuiteA	Ft. Myers, FL 33905
D	Gary Wilkes	5701 Division Dr., SuiteA	Ft. Myers, FL 33905
D	Mona Hilton	2161 McGregor Blvd., Suite E	Ft. Myers, FL 33901

8. Name and Address of Current Registered Agent

BLACK, GLENN E
8191 COLLEGE PARKWAY, SUITE 206
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (9/98)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR