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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004493

1. Corporation Name

CHRISTIAN CHAMBER OF S.W. FLORIDA, INC.

2. Principal Office Address		3. Mailing Office Address	
8191 College Pkwy		8191 College Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 205		Suite 205	
City & State		City & State	
Ft. Myers, FL		Ft. Myers, FL	
Zip	Country	Zip	Country
33919	USA	33919	USA

FILED

2006 DEC -4 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200082331062
12/06/06--01063--006 **\$1.25
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 08/04/97

5. FEI Number 65-0787424

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeanne Sweeney

Street Address (P.O. Box Number is Not Acceptable)
8191 College Pkwy

Suite, Apt. #, Etc.
Suite 205

City
Ft. Myers, FL

State
FL

Zip Code
33919

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Jeanne Sweeney* Date 11/29/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Phil Rice	8191 College Pkwy	Ft. Myers, FL, 33919
V. P.	Mona Hilton	8191 College Pkwy	Ft. Myers, FL, 33919
Trea	Richard Helms	8191 College Pkwy	Ft. Myers, FL, 33919
Sec	Gayle Morici	8191 College Pkwy	Ft. Myers, FL, 33919
Dir	Jeanne Sweeney	8191 College Pkwy	Ft. Myers, FL, 33919

10. 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 contained in Chapter 119, 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: *Jeanne Sweeney* Jeanne Sweeney 11/29/06 239-481-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

McNeil

To whom it May Concern,

We did not receive any annual report notices at our place of business. The address that the notices were being sent to was incorrect. Please waive our reinstatement fee. Thank you.

Sincerely,

Jeanne Sweeney