

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004694

1. Corporation Name

CORNERSTONE CHAPEL, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF ORLANDO, FLORIDA

Principal Place of Business

4114 S GOLDENROD RD
ORLANDO FL 32822
US

Mailing Address

4114 S GOLDENROD RD
ORLANDO FL 32822
US



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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0910355

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JENNINGS, BEN	10708 SPRING BROOK LN	ORLANDO FL 32825
D	BOSTIC, DONNIE	4510 FORELAND PL	ORLANDO FL 32812
D	VACHA, RICHARD	10545 SAILAWAY LN	ORLANDO FL 32825
D	VANDERBERG, JAMES	7002 EDGE LAKE DR	ORLANDO FL 32822
D	WALLACE, BRUCE	8709 CATBRIAR RD	ORLANDO FL 32829

8. Name and Address of Current Registered Agent

WALLACE, BRUCE
8709 CATBRIAR LN
ORLANDO FL 32829

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

Bruce Wallace REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/11/00

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:

Richard Vacha RICHARD VACHA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/00
Date

407-823-8571
Daytime Phone #