

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

G.P. Sanford

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N98000001347**

1. Corporation Name

**SANFORD GREEN APARTMENTS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 12:23

Principal Place of Business

Mailing Address

C/O NATIONAL CHURCH RESIDENCES  
2335 NORTH BANK DRIVE  
COLUMBUS OH 43220

C/O NATIONAL CHURCH RESIDENCES  
2335 NORTH BANK DRIVE  
COLUMBUS OH 43220

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1998

5. FEI Number

31-1589099

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KERBER, STEVEN R	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
D	GIBEAUT, WILLIAM	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
D	JONES, JOHN L	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
P	SLEMMER, THOMAS W	2335 N. BANK DRIVE	COLUMBUS OH 43220
VP	NORRIS, MICHAELLE H	2335 N. BANK DRIVE	COLUMBUS OH 43220
ST	KASBERG, JOSEPH R	2335 N. BANK DRIVE	COLUMBUS OH 43220

8. Name and Address of Current Registered Agent

CECIL, W. JEFFREY  
4501 TAMiami TRAIL NORTH SUITE 400  
NAPLES FL 34103-3013

9. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

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

*Jeffrey C. Cecil*  
REGISTERED AGENT MUST SIGN

Date

10/26/00

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:

*Jeffrey C. Cecil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/00 (64)451-2151