


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

DOCUMENT # N98000002391

1. Corporation Name

FAMILIES FOR CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

28700 DIAMOND DR.  
SUITE 103  
BONITA SPRINGS FL 34134

28700 DIAMOND DR.  
SUITE 103  
BONITA SPRINGS FL 34134

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

2. New Principal Office Address, If Applicable

611 19th Street S.W.

Suite, Apt. #, etc.

City & State  
NAPLES, FL

Zip  
34117

Country  
U.S.A.

3. New Mailing Office Address, If Applicable

611 19th Street S.W.

Suite, Apt. #, etc.

City & State  
NAPLES, FL

Zip  
34117

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1998

5. FEI Number

59-3510826

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	KOLLEGGER, ERWIN P	28700 DIAMOND DR. #103 611 19th Street S.W.	BONITA SPRINGS FL 34134 NAPLES, FL 34117
VPD	FUSCO, GARY	60 EUGENIA DR.	NAPLES FL 34108
SD	KOLLEGGER, CAROLYN	28700 DIAMOND DR. #103 611 19th Street S.W.	BONITA SPRINGS FL 34134 NAPLES, FL 34117
TD	FUSCO, ROSALIND	60 EUGENIA DR.	NAPLES FL 34108
			000004741400--8 -12/27/01--01049--002 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

GARNER, JOHN A  
801 LAUREL OAK DRIVE STE 710  
NAPLES FL 34108

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

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

11/10/01

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 #

11/10/01



*Because God wants to be part of every marriage...  
and the heart of every home!*

November 15, 2001

Katherine Harris  
Secretary of State  
Division of Corporations

Dear Ms. Harris:

Enclosed we have included copy of the renewal of the corporation for Families for Christ Ministries, Inc. Please note this is the first and only correspondence we have received from your office regarding this renewal.

Please accept our check for the original amount of \$ 236.25 as it would have been file originally. Also, please note our current address.

If you have any questions please contact us at (941) 354-3679 or via fax at the same number.

Best Regards,

  
Erwin Kollegger, President