PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
2000-01 UBR

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

FILED
01 MAR 12 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000005450

1. Corporation Name
Fort Myers Christian Center, INC

2. Principal Office Address	**3.** Mailing Office Address
10231 Metro Parkway	Same
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.:
City & State: Ft. Myers, FL.	City & State:
Zip: 33912-1063 Country: Lee	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9-8-99

5. FEI Number: 650937140 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Dawne Braco
100003851361--9
-03/13/01--01112--008
****122.50 ****122.50

Street Address (P.O. Box Number is Not Acceptable): 9578 Crescent Garden Drive

Suite, Apt. #, Etc.: #202

City: Naples State: FL Zip Code: 34109

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: Dawne Braco
REGISTERED AGENT MUST SIGN

Date: 2/8/01

CR2E081 (9/00)

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
V.P	(Vice Pres) Erik Olsen	3494 Ocean Bluff Ct	Naples, FL. 34120
T	Steve Soto	1490 Banks Rd	Margate, FL. 33063
Pres.	Dawne Braco	9578 Crescent Garden Dr	Naples FL 34120
T	Rick Thomas	6331 N.W. 95th lane	Parkland, FL. 33076
T	Joseph Martucci JR.	8905 Bristol Bend	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 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: Dawne Braco DAWNE BRACO 2/8/01 941-513-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #