

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

01 MAR -7 PM 1:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **N99000005515**

1. Corporation Name

SANCTUARY OF CHRIST INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 13398~~
~~TAMPA FL 33681-3398~~

~~P.O. BOX 13398~~
~~TAMPA FL 33681-3398~~



REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

~~P.O. Box 130344~~

Suite, Apt. #, etc.

City & State

~~Tampa Fl~~

Zip

Country

3. New Mailing Office Address, If Applicable

~~P.O. Box 130344~~

Suite, Apt. #, etc.

City & State

~~Tampa Fl~~

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/10/1999

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President 1	Peola Riley	6815 Interbay Blvd #3	Tampa Fl 33616
Vice Pres D	MARCELLUS RILEY	6815 Interbay Blvd #3	Tampa Fl 33616
Sec. D	TAMMEKA FOCO	2591 Ethredge Dr. Apt #A417	ATLANTA GA 30318
Treas. 1	ONEILKA JACOBS	9210 Statesmap RD	FT. BELVOIR VA. 22060
			300003924323--0 -03/28/01--01088--001 ***297.50 ***297.50

8. Name and Address of Current Registered Agent

RILEY, PEOLA A
 6815 INTERBAY BLVD., #3
 TAMPA FL 33616

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

Peola Riley
 REGISTERED AGENT MUST SIGN

Date

3/5/01

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:

Peola Riley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813)831-3196
 Daytime Phone #

CR2E040 (8/00)