

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 16 PM 2:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99 000006168

1. Corporation Name

Christian Psychiatry & Medical Mission

2. Principal Office Address

105 South Roscoe Blvd

Suite, Apt. #, etc.

City & State

Ponte Verde Beach

Zip

32082

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

100019580801
05/20/03--01066--002 **236.25

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/99

5. FEI Number

522193714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

3375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert J. Slama, Esq.

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

3821 Hendricks Ave

Suite, Apt. #, Etc.

City

Jacksonville FL 32207

State

FL

Zip Code

32207

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

Robert J. Slama

REGISTERED AGENT MUST SIGN

Date 5/15/03

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
President	Howard Greshell	105 So Roscoe Blvd Ponte Verde Beach FL	Ponte Verde Beach FL 32082
Vice President	Kent Norell	Flagler Park Plaza 8357 West Flagler St. Suite D	Miami FL 33144-2072
Secretary	Charlie Finnochiarro	Flagler Park Plaza 8357 West Flagler St. Suite D	Miami FL 33144-2072
Treasurer	Lee Welkle	113 West 17 th Street	Jacksonville FL 32206

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:

Howard J. Greshell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03 (904) 389-0346
Date Daytime Phone #

CR2E081 (10/02)