

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007055

1. Corporation Name

PUNTA GORDA CHRISTIAN ASSEMBLY OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

222 BROWN ST.
PUNTA GORDA FL 33950

222 BROWN ST.
PUNTA GORDA FL 33950

REINSTATEMENT 2000

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

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0977656

Not Applicable

Zip Country

Zip Country

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
D	STURGEON, DAVE	4445 SHADY LN.	CHARLOTTE HARBOR FL 33980
DP	FULKERSON, JOHN	2002 COUNTRY CLUB BLVD.	CAPE CORAL FL 33990
DV	PERISHO, DAVE	1640 MONTE ST.	PORT CHARLOTTE FL 33952
DST	LUGONES, OVIDIO A	21332 WALLING CT.	PORT CHARLOTTE FL 33954
			300003508763--1 -12/20/00--01053--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

LUGINES, OVIDIO A
21332 WALLING CT.
PORT CHARLOTTE FL 33954

9. Name and Address of New Registered Agent

Name *SPMFE*

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

Suite, Apt. #, Etc.

City State Zip Code
FL

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 *Ovidio A. Lugones*
REGISTERED AGENT MUST SIGN

Date 13 Nov 2000

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: *David Sturgeon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 13th Nov 2000
Daytime Phone #