

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*IN HANDLING  
ST Andrew*

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

01 JAN 12 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000007449**

1. Corporation Name

**NATIONAL CHURCH RESIDENCES OF NEW PORT RICHEY,  
INC.**

Principal Place of Business

Mailing Address

2335 NORTH BANK DRIVE  
COLUMBUS OH 43220

2335 NORTH BANK DRIVE  
COLUMBUS OH 43220



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

**REINSTATEMENT** *01-01*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1999 *SP*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*59 328-8354*

Applied For

Not Applicable

City & State

City & State

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	KERBER, STEVEN R	2335 NORTH BANK DR.	COLOUMBUS OH 43220
D	GIBEAUT, WILLIAM	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
D	JONES, JOHN L	2335 NORTH BANK DRIVE	COLUMBUS OH 43220
			800003582838--5 -01/26/01--01156--024 *****61.25 *****61.25
			800003582838--5 -01/26/01--01156--025 *****245.00 *****245.00

8. Name and Address of Current Registered Agent

CECIL, W. JEFFREY  
5801 PELICAN BAY BLVD.  
SUITE 300  
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

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

*SIGNATURE REQUIRED*  
*Maureen Cullen*  
REGISTERED AGENT MUST SIGN  
Maureen Cullen, as its agent

Date

*10/26/00*

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 REQUIRED*  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/01/00 (614) 451-2151*

CR2E040 (8/00)