

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S73172**

1. Corporation Name

CHRISTIAN AMERICA CORP.

Principal Place of Business

Mailing Address

POB 5398
JACKSONVILLE FL 32247-9398

POB 5398
JACKSONVILLE FL 32247-9398

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1991

5. FEI Number

59-3085364

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	WHARTON, PAUL	2356 JOSE CIRCLE NORTH	JACKSONVILLE FL
D	MCGEEHEE, T.R., SR.	3300 PHILLIPS HWY	JACKSONVILLE FL
CD	MCGEEHEE, DELIA HOUSER	505 LANCASTER ST., #88	JACKSONVILLE FL
D	MCGEEHEE, THOMAS R., JR.	1850 SEMINOLE ROAD	JACKSONVILLE FL
SD	WHARTON, KRISTEN L.	2356 JOSE CIRCLE NORTH	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

WHARTON, PAUL
4341-2 ST AUGUSTINE RD
JACKSONVILLE FL 32247-9398

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

2000002196119-9
-05/30/97--01058--020
*****915.00 *****915.00

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 Agent *P.L. Wharton*

REGISTERED AGENT MUST SIGN

Date *May 19, 1997*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 19, 1997 399-3010
Date Daytime Phone #