

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 12:41

DOCUMENT # **J85415**

1. Corporation Name

CHRISTENSEN ENTERPRISES, INC.

Principal Place of Business

333 THORPE RD
ORLANDO FL 32824
US

Mailing Address

333 THORPE ROAD
ORLANDO FL 32824
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1987

5. FEI Number

59-2911139

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 3	City / State / Zip 4
PD	CHRISTENSEN, FREDERICK	1717 LEE RD	ORLANDO FL
S	OTTO, SARAH L.	4629 S ORANGE BLOSSOM TR	ORLANDO FL
AST	DILL, SUSAN A	4629 SOUTH ORANGE BLOSSOM TRAIL	ORLANDO FL

300004661793--9

-11/01/01--01008--013

****750.00 ****750.00

10/13/01

8. Name and Address of Current Registered Agent

CHRISTENSEN, PAUL E.
333 THORPE ROAD
ORLANDO FL 32824-8136

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

Paul E. Christensen
REGISTERED AGENT MUST SIGN

Date

10-16-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Christensen

Date

Daytime Phone #

10-16-01 4078882925

CR2E040 (8/01)