## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J85415

1. Corporation Name

## CHRISTENSEN ENTERPRISES, INC.

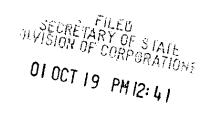
Principal Place of Business

Mailing Address

333 THORPE RD ORLANDO FL 32824

**SIGNATURE:** 

333 THORPE ROAD ORLANDO FL 32824



10-16.01 4078882929

Date

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. 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 Incom	porated or Qualified		
			0. 710	onice radiose, ii reprisable			4. Date Incorporated or Qualified To Do Business in Florida 07/28/1987		
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. FEI Numbe	er	Applied For	
City & State City & State						6.	59-2911139 Not Applicable		
Zip Country Zip			Zip	Country		CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprof	it corporations must list at	least 3 directors)			
Title(s)	tle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
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		
				3000046617939 -11/01/01-01008013					
				-11/01/0101008013 ****750.00 ****750.			**750.00		
						Pro	(0 130		
Name and Address of Current Registered Agent						9. Name and	Name and Address of New Registered Agent		
Name									
CHRISTENSEN, PAUL E.					Street Address (P.O. Box Number is Not Acceptable)				
333 THORPE ROAD					Out. Add B. Fr.				
ORLANDO FL 32824-8136					Suite, Apt. #, Etc.				
Λ					City State Zip (			Code	
10. I, being Signature o Registered	f '	e registered agent of the ab	overfamed corporation of the cor		654514 0315 6089350 31	obligations of Sec	tion 607.0505, F.S.  Date	-01	
							apter 607 or 617, F.S. I further certif		

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 acqurate, and my signature shall have the same legal effect as if made under oath.