*	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	RM.		
7	PLICATION FOR STATEMENT		DEPARTMEN Glenda E. Ho Secretary of S VISION OF CORPOR	ood state	0	FILED 4 FEB 25 PM	2.00		
DOCUMENT # 715176  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
CHRIST CHURCH, UNITY, OF ORLANDO, FLORIDA					i <i>f</i>	meraniosele, Fl	ORIDA		
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Principal Place of Business Mailing Address					REINSTATEMENT 03-04				
771 HOLDEN AVE 771 HOLD ORLANDO FL 32839 ORLANDO US US									
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					500025777945   02/25/0401008020 **70.00				
			ing Office Address, If		Date Incorporated or Qualified     To Do Business in Florida     08/28/1968				
Suite, Apt. #, etc. Suite, Apt. #			, etc.		5. FEI Number		08/2	8/ 1908 Applied For	
City & State City & St					- <sub>6</sub>	NOT APPLICAE	BLE	Not Applicable	
Zip Country Zip			Count	CERTIFICATE OF STATUS DESIRED (50 a Certificate of Status)					
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	ıst 3 directors)				
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PT.	SATERIZADE JACK JOA	771 HOLDEN AVENUE			ORLANDO FL 32889 32839				
<b>₽</b> ∨	KILBY, RICHARD	1433 SMITH STREET- 7-71 HOLDEN AVEN			e ORLANDO FL 82884 32839				
ST	LEROY, SCOTT D	2050 ABALONE BLVD. 77/ HOLDEN FUE,			ORLANDO FL 32833 3ユ&39				
T	KAREN	771 HOLDEN AVENUE			ORLANDO FL 329855 3 2 8 3 9				
	500025777945						71 .*- <sub></sub> =		
	-				12/26/	D3010840	Ս( *	*236.25	
Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
Name  KILBY, RICHARD  TO HOLDEN AVE  Name  KILBY, RICHARD  TO 1					(P.O. Box Number is Not Acceptable)				
ORLANDO FL 32839  Suite, Apt. #, Etc.					HOLDE	o Ave.			
and the state of t				City		State <b>FL</b>	Zip Code 32 & 39		
10. I, being	appointed the registered agent of the ab	·			bligations of Secti	on 607.0505, F.S. or 6	17.0505,	F.S.	

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 filling 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

i / 08/07 407 4939968

Date Daytime Phone #